MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05296

5243

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa, Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4
STREET ADDRESS (If rural give location) formerly of Homewood Apts. ✓

3. NAME OF DECEASED: (First) ANNIE (Middle) WAIDNER (Last) ALLERS
4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 14, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife(rtd)
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis A. Waidner
14. MOTHER'S MAIDEN NAME: Anna W. Gruetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Harry W. Allers-Title Bldg.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Vascular Disease with — 7-8 yrs

DUE TO (C) Hypertension.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954 to 6-4, 1954, that I last saw the deceased alive on 6-4, 1954, and that death occurred at 12 M, from the causes and on the date stated above.

SIGNATURE P. D. Flynn M.D. ADDRESS 11 E. Chase St DATE SIGNED 6-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/7/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: JUN 5 - 1954
REGISTRAR'S SIGNATURE: Wellington, Md. Mabel E. Gray
FUNERAL DIRECTOR: Wm. J. Tickner
ADDRESS: Govans Balto 17 Md

RECEIVED
JUN 8 1954
BUREAU V. S.

WC

5249 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

052 07

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Shotts Lane Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape May Middle River
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----------

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY 1613 N. Bradford St.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 1613 N. Bradford St Balto Md

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Irene (Last) Alt.

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8, 1909

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mooris

14. MOTHER'S MAIDEN NAME: Elsie Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm. Alt 1613 N. Bradford St.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W W Evans MD Sup. Med. Exam. Dundalk-Va Md 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 16, 1954 | NAME OF CEMETERY OR CREMATORY: Morelands Memorial | LOCATION (City, town, or county) (State): Taylor Ave

DATE REC'D BY LOCAL REG. 6-14-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Leo G. Cook 1703 N. Patterson Pk. Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5250

CERTIFICATE OF DEATH

052 08

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ROSEDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7915 35TH ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 1903 MONUMENTAL RD.
1903 MONUMENTAL RD

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) ANDREW (Last) AMBROSETTI

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 8. 1881

9. AGE last Birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: BALTO. TRANSIT

11. BIRTHPLACE (State or foreign country): ROME ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOSEPH AMBROSETTI

14. MOTHER'S MAIDEN NAME: SOSAN GIROLLAMI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ANGELO AMBROSETTI 7915 35TH ST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic Cardio-Vascular disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1954, to 6/8, 1954, that I last saw the deceased alive on 6/8, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Baumgardner MD Balto 6 Md. June 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JUNE 12. 1954 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) COLGATE (State) MD

DATE REC'D BY LOCAL REGISTRAR 6-7-54 — REGISTRAR'S SIGNATURE A. W. Jedrud

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME — ADDRESS 2112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5251

Reg. Dist. No. 05209

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 74 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 4013 Liberty Heights Avenue

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) W (Last) ARCHBOLD

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-17-23

9. AGE last birthday 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10B. KIND OF BUSINESS OR INDUSTRY: Air Force

11. BIRTHPLACE (State or foreign country): Beallsville, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emerson H. Archbold

14. MOTHER'S MAIDEN NAME: Velma L. Abersold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Ft. Howard, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

201X

IMMEDIATE CAUSE (A) HODGKIN'S DISEASE OF LYMPH NODES AND SPLEEN — 2½ YEARS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. JAUNDICE — 3 WEEKS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1954 to June 18, 1954, ~~the deceased~~ and that death occurred at 11:35 AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT M.D. ADDRESS VAH, FORT HOWARD, MD DATE SIGNED 6/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 6-19-54

NAME OF CEMETERY OR CREMATORY Beallsville Cemetery

LOCATION (City, town, or county) (State) Beallsville, Ohio

DATE REC'D BY LOCAL REGISTRAR JUN 19 1954

REGISTRAR'S SIGNATURE Dawson F. Williams, M.D.

24. FUNERAL DIRECTOR ADDRESS Mildred F. Blight Howard Blight-6009 Harford Road, Balto.Md.

Shipped to: Corum Funeral Home New Matamoras, Ohio

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN. 23 1954
BUREAU V. S.

MARYLAND 5252 05210

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Rd. & Wilbur Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Offutt Rd. and Wilbur Ave.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) E. (Last) ASH

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 19, 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Cline

14. MOTHER'S MAIDEN NAME: Hannah F. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Richard H. Ash-Offutt Rd. & Wilbur Ave. Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 1 hr

Antecedent cause(s) (b) Cardio-Vascular Lesions

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1954, to 6/8/, 1954 that I last saw the deceased alive on 6/7/, 1954, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) M.D. ADDRESS Randallstown, Md DATE SIGNED 6/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 6/12/54 NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REG. 6/9/54 REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Wm. J. Tichnor & Sons ADDRESS Catonsville 7, Md

RECEIVED
JUN 16
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 : 5253

CERTIFICATE OF DEATH

05211

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Towson 4
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1875 Loch Shiel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4
STREET ADDRESS (If rural give location): 1875 Loch Shiel

3. NAME OF DECEASED: (Type or Print) (First) GUSTAV (Middle) (Last) BACHRAN

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 29, 1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elect. Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Carcinoma of Throat — Interval Between Onset And Death: 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio sclerosis

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1951, to 6/4, 1954, that I last saw the deceased alive on 6/4, 1954, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE: Gordon Gray (Degree or title) MD — ADDRESS: 8543 Loch Raven Blvd Towson 4 Md — DATE SIGNED: 6/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 7, 1954 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 7, 1954 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
JUN 9 1954
FBI - U. S.

Item 18 Film G167B 6/24/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

5254

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05212

44

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough Rd. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1721 Middleborough Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County
STREET ADDRESS (If rural, give location) 1721 Middleborough Rd - #21

3. NAME OF DECEASED (Type or Print): (First) Elaine (Middle) V (Last) Ball.

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 54

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1924

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick McWilliams

14. MOTHER'S MAIDEN NAME: Mary E. Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: George H. Ball - 1721 Middleborough Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416 X

Immediate cause (a) Rheumatic Carditis (not active)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. D. Davis M. C. Jr. Med. Exam. - Baltimore - 2nd Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-7-54 — NAME OF CEMETERY OR CREMATORY: Oak La. m. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 6/7/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

Lu Inc. - 2431 E. Oliver St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5255 **CERTIFICATE OF DEATH**

Reg. Dist. No. 30 05213

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 3
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge, Maryland
STREET ADDRESS (If rural give location) 18 X-2

3. NAME OF DECEASED: (First) Tom (Middle) MI (Last) BASS
4. DATE OF DEATH: (Month) June (Day) [illegible] (Year) 19 54

5. SEX: male
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH: ? 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Gilford Bass (cousin) Glen Burnie, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary [illegible], bilateral

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) unresolved, recurrent [illegible]

DUE TO

(C) undetermined type of organism

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis, senile dementia

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION [illegible]
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 6/26, 1954, that I last saw the deceased alive on 6/26, 1954, and that death occurred at 12:15 M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler ADDRESS M. D. Spring Grove St. Hosp. DATE SIGNED 6/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 29 1954
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) (State) St Marys City

DATE REC'D BY LOCAL REGISTRAR 6/26/54
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Jos. L Matting Co
ADDRESS Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05215

5256

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Caton Ridge Nursing Home Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: 30
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3415 Chestnut Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Baublitz

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug. 4, 1865

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Produce Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Mrs. Ray T. Brewer 505 Chateau Avenue 12

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause — (a) Arteriosclerotic Heart Disease — unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Generalized Arteriosclerosis — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from May 25, 1954, to June 2, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leo J. Gover M.D. — ADDRESS: 1 Mallow Hill Lane — DATE SIGNED: 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** June 5, 1954 — **NAME OF CEMETERY OR CREMATORY:** Woodlawn — **LOCATION** (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-3-54 — **REGISTRAR'S SIGNATURE:** A. W. Hedrick

24. FUNERAL DIRECTOR — **ADDRESS:** Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

5257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05216

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Arm; LENGTH OF STAY (in this place) 4 1/2 s; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Arm. Rural; STREET ADDRESS (If rural, give location) Glenn Arm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) ALEDA (Last) Beatty

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 4 1861

9. AGE last birthday: 92 yrs. If under 1 year: Months 6; Days 8; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): N. Madonna, Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James F Beatty

14. MOTHER'S MAIDEN NAME: Mary Grafton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

16. SOCIAL SECURITY No.: —

17. INFORMANT: Miss Lela Beatty Glenn Arm Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Renal-Vascular Disease — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile changes with arteriosclerosis — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to June 14, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 5:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin L. Hudson M.D. ADDRESS Towson Md DATE SIGNED 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 6/16/54; NAME OF CEMETERY OR CREMATORY Bethel; LOCATION (City, town, or county) (State) Madonna Md.

DATE REC'D BY LOCAL REG. June 15-54; REGISTRAR'S SIGNATURE C. E. Culton D.T. Reg.

24. FUNERAL DIRECTOR: Martin G Kurtz; ADDRESS Parrettsville Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

5258

05217

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Homberg Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto 21
STREET ADDRESS (If rural, give location) 105 Homberg Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Vernon (Last) Behlert
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married	Jan 28 06	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipbuilding Agt.	United Dry. Co	Maryland	U.S.A.

13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Wife - 105 Homberg Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Coronary occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Dec'd June 26, 54 5:45 P.M.		None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. M. Carmine
M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~
DATE SIGNED ☑

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-54	Forden Park Cem.	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-28-54	A. W. Hedrick	John F. Donnelly - 418 Eastern Ave	Balto 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05218

5259

CERTIFICATE OF DEATH

Reg. Dist. No. 4-C

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 5 A. Westway, South

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) W. (Last) BERGQUIST

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/2/86

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B KIND OF BUSINESS OR INDUSTRY: Glen L.Martin Co.

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel W. Bergquist

14. MOTHER'S MAIDEN NAME: Georgeanna Larson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154-X

IMMEDIATE CAUSE (A) Carcinoma of the Rectum with Metastases — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary Tuberculosis

002-X DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28., 1954 to June 5., 1954 ~~that I saw the deceased~~ Alive on ~~XXXXXXXXXXXXXXXX~~ and that death occurred at 8:20 PM, from the causes and on the date stated above.

SIGNATURE Caridad E. Gonzalez M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-9-54. — NAME OF CEMETERY OR CREMATORY Westminster Cemetery — LOCATION (City, town, or county) (State) Westminster, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/7/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Charles S. Zeiler 6224 Eastern Ave. Balto, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05219

5260 CERTIFICATE OF DEATH Reg. Dist. No. V-6

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 44 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1614 Hazel Street

3. NAME OF DECEASED: (Type or Print) (First) ROSS (Middle) W. (Last) BERLINE

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 6-9-94

9. AGE last birthday: 60 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship fitter

10B. KIND OF BUSINESS OR INDUSTRY: Good Will Industry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Berline

14. MOTHER'S MAIDEN NAME: Louise Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 218-05-2378

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) THROMBOSIS OF BASILAR ARTERY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 2 ..., 19.54 to June 15, 1954, and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE William B. VANDEGRIFT, M.D.

ADDRESS M. D. VAH, Fort Howard, Maryland

DATE SIGNED 6-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-18-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 6-17-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Md.
Mildred T. Blight

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5261

05220

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2516 Keyworth Avenue

3. NAME OF DECEASED (Type or Print): (First) Alec (Middle) (Last) BERMAN

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking business

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Passive pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac failure

(c) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1954, to 3 June, 1954, that I last saw the deceased alive on 3 June, 1954, and that death occurred at 12:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Spring Grove State Hospital (William N. Fitzpatrick MD) ADDRESS — DATE SIGNED 3 June 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 6-4-1954 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 6-4-54 — REGISTRAR'S SIGNATURE Ann W Hutchings

24. FUNERAL DIRECTOR Jack Levin Inc — ADDRESS 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05221

5262 **CERTIFICATE OF DEATH** Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Conn. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Redding Ridge 45 X - 3

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) Pearl (Last) Blaine

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 11, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ✓

14. MOTHER'S MAIDEN NAME: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Arthur O. Gray 1320 Kitmore Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	10 yrs.
	DUE TO (c) Senility	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 19 49, to June 9, 19 54, that I last saw the deceased alive on June 8, 19 54, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A.W. Clafford M.D. — ADDRESS 6710 York Rd Baltimore 12 Md — DATE SIGNED June 10, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — **DATE THEREOF** June 12, 1954 — **NAME OF CEMETERY OR CREMATORY** Green Mount — **LOCATION** (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 6-11-54 — **REGISTRAR'S SIGNATURE** A.W.Hedrich dmr.

24. FUNERAL DIRECTOR John O. Mitchell & Sons — **ADDRESS** 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5263 CERTIFICATE OF DEATH

05222

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bernaudy Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural give location) Bernaudy Rd.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Catherine (Last) Bortner

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1954

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH: Jan 10 1885 — 9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: home — 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ellwood Fossett — 14. MOTHER'S MAIDEN NAME: Emma L. Gettier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Dr. Milner Bortner, Whitehall Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO Coronary occlusion — 10 mn.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary arteriosclerosis — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. R Lower Head Injury

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible] to 6 June, 19 54, that I last saw the deceased alive on [illegible] June, 19 54, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry J. Connolly M.D. — ADDRESS 13 E. Lee St. — DATE SIGNED 7 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-9-54 — NAME OF CEMETERY OR CREMATORY St James — LOCATION (City, town, or county) Monkton — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/11/54 — REGISTRAR'S SIGNATURE Mrs Howard S. Markline

24. FUNERAL DIRECTOR Leo A Brooks — ADDRESS Sparks, Md.

VS. A15

RECEIVED
JUN 14 19
BUREAU V. S.

5264

05223

Reg. Dist. 32

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
LENGTH OF STAY (in this place) passing thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 300 Church Lane

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Franklin (Last) Bowersox, Sr.

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 5-15-1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Bowersox

14. MOTHER'S MAIDEN NAME: Fannie Myrley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-07-0078

17. INFORMANT & ADDRESS: Robert F. Bowersox, Jr., 300 Church Lane, Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Pulmonary Oedema — Interval Between Onset and Death: 30 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State) none

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐ none

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Eagles M. D. Deputy Med. Exam.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-21-54

NAME OF CEMETERY OR CREMATORY Mt. Olive

LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REG. 6-21-54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Frank H. Newell, Pikesville 8, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05224

5265 **CERTIFICATE OF DEATH** Reg. Dist. No. 4C

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 104 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 723 Hillen Road

3. NAME OF DECEASED: (First) THOMAS (Middle) S (Last) BRADY

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/26/87

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Brady

14. MOTHER'S MAIDEN NAME: Mary E Eckers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 14 X

(A) HUGE MALIGNANT MOLE RIGHT CHEST WITH EXTENSION THROUGH CHEST WALL TO PLEURA — INTERVAL BETWEEN ONSET AND DEATH: 1½ YEARS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Mar. 11, 1954 to June 23 1954, that I last saw the deceased and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 6/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-25-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-23-54 — REGISTRAR'S SIGNATURE H. W. Hedrick Reg

24. FUNERAL DIRECTOR Howard Blight Funeral Home ADDRESS 3609 Harford Rd. Baltimore, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND

5266

05225

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

THIS IS A PERMANENT RECORD.
PLEASE TYPE WITH PERMANENT BLACK OR BLUE BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of informabe carefully supplied. Physicians: please write the causes of death clearly and leg
HIS CERTIFICATE MUS) WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): Margaret V. Brennan

2. DATE OF DEATH: June 8, 1954

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland Baltimore Co
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Villa
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1008 N. Calvert

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	Widowed	March 22, 1861	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: William Morris

14. MOTHER'S MAIDEN NAME: Juliana McDonnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Margaret J. Brennan, 1008 N. Calvert St.

I CERTIFICATION

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerosis

DUE TO

(B) Cardio-vascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES ☐ NO ☐

22 I certify that (I) (this hospital) attended the deceased from May 1 19 54, to June 8 19 54, that (I) (we) last saw the deceased alive on June 8 19 54, and that death occurred at 12:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ M.D. STAFF PHYS. ☐	11 E. Chase Street #2	6/9/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
burial	6/11/54	New Cathedral Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/9/54	[signature]	Wm. Cook, Inc.,	1217 St. Paul Street

05226

MARYLAND : 5267

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 CHERRYDELL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 130 CHERRYDELL RD.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) BROHAWN

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWER

8. DATE OF BIRTH: FEB. 10, 1902

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. - SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY: BEDDING Co.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN BROHAWN

14. MOTHER'S MAIDEN NAME: ANNIE STOKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Richard Arnold - 130 Cherrydell Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis - Chr. Hepatitis — 4 yrs

(c) Coronary Occlusion — 1945

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19 54, to 6-29 19 54, that I last saw the deceased alive on June 26, 1954, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. O. Bingaman MD — 1115 St. Paul St. Baltimore 18 — 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7-2-54

NAME OF CEMETERY OR CREMATORY: London Park Cem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 7-1-54

REGISTRAR'S SIGNATURE: E. Harvey

24. FUNERAL DIRECTOR: George A. Farley

ADDRESS: Catonsville, Md.

Item 18 Film 5168 7/9/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05228

5268

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural give location) 211 South Union Ave

3. NAME OF DECEASED: (Type or Print) (First) BERTIE (Middle) AMELIA (Last) BUTLER

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 4, 1869

9. AGE last birthday: 84(?) yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): (?) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A. (?)

13. FATHER'S NAME: Charles A. Conner

14. MOTHER'S MAIDEN NAME: Cornelia Lee

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: 3569 Fourth St
Charles C Sause Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) ① Senility

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ② Generalized Arteriosclerosis with myocardial degeneration.
DUE TO (c) ③ Fractured Hip with Decubitis

Part II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 12:20 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Spring Grove State Hospital, Catonsville, Md by H Bowers June 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 28, 1954
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 6/28/54
REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR John Burns Sons ADDRESS Towson, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 30 1954
BUREAU V. S.

Film#G167 Item# 2
6/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05230

5269 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Paradise Nursing Home
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 4½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2745 Harlem

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Cantwell

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19 54 Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 29 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months 11 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. ?
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Cantwell
14. MOTHER'S MAIDEN NAME: Winifred ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr. Robert Fairvey - 2745 Harlem Ave. -16-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arteriosclerotic Heart Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)
Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Aortic Aneurism

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 49, to June 19 54, that I last saw the deceased alive on June 6, 1954, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lester A. Hall Jr MD 1039 St Paul St. Baltimore Md June 9 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 11, 1954
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 6/13/54
REGISTRAR'S SIGNATURE A W Redmond
24. FUNERAL DIRECTOR ADDRESS
John T. Stansbury - 2700 Edmondson Ave.

Dmy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ITEM 8: film G167B 6-29-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05231

5270

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville
LENGTH OF STAY (in this place) Rec'd 3/12/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15, Md
STREET ADDRESS (If rural, give location) 3500 Trainor avenue

3. NAME OF DECEASED: (First) Benjamin (Middle) — (Last) Caplan

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/23/1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Caplan

14. MOTHER'S MAIDEN NAME: Ruth, maiden name unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Failure of heart — Interval between onset and death: unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension, malignant — unknown

DUE TO

(c) Stroke with paralysis of the left side of the body — 1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/ 19 54 to 6/11/ 19 54 that I last saw the deceased alive on 6/10/ 19 54 and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bruno Radauskas, M.D. Spring Grove State Hospital, Catonsville Md 6/11/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 13/54
NAME OF CEMETERY OR CREMATORY Bnai Israel Long-Southern Ave
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. JUN 13 1954
REGISTRAR'S SIGNATURE Huntington Williams, M.D. Victor E. Haney
24. FUNERAL DIRECTOR Sol Levinson & Bros ADDRESS 1126 N. North Ave

RECEIVED
JUN 15 19[illegible]
BUREAU V. S.

MARYLAND · 5271

05232

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2910 Garnet Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 2910 Garnet Road

3. NAME OF DECEASED (Type or Print): Mrs. Florence Lorella Chancellor (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year): June 3rd 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 23, 1892

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York, Pennasylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lehman

14. MOTHER'S MAIDEN NAME: Ada Strohman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. De Walden R. Chancellor, 2910 Garnet Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 15 Minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ~~6~~ 3 ~~54~~ ~~6~~ 3 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE: Harold H Burns (Degree or title) MD ADDRESS 115 E. Eager St DATE SIGNED 6-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 7, 1954

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/7/54

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Burns
2823 Linwood Avenue
Ha 6 5228

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05233

5272

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) V
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Balto.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 408 Hollen Rd.

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) R. (Last) CHAPMAN

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: July 15, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nobel L. Robinson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. W. C. Chapman-408 Hollen Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 429.1

(A) Arteriosclerotic Cardio-Vascular

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Disease

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 19 54, to 6-30, 19 54, that I last saw the deceased alive on 6-28, 19 54, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. [signature] ADDRESS 11 E. Chase St. DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/3/54

NAME OF CEMETERY OR CREMATORY: Spring Hill Cem.,

LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-1-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05234

5273 CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) GRACE (Middle) — (Last) COFIELL

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: unknown

9. AGE last birthday: About 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Wilson Cofield, Upperco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Epileptic Seizures — >0 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1944, to June 11 , 1954, that I last saw the deceased alive on June 7., 1954, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE M. L. Barkhurst (Degree or title) M.D ADDRESS Hampstead, Md DATE SIGNED 6-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 13/54 — NAME OF CEMETERY OR CREMATORY Mt Union — LOCATION (City, town, or county) (State) Balto Co. Md

DATE REC'D BY LOCAL REGISTRAR 6-12-54 — REGISTRAR'S SIGNATURE Mary B. Eline — 24. FUNERAL DIRECTOR Edw C. Stifton — ADDRESS Hampstead Md

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05235

5274 CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown, Md.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Watson (Last) Cole

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Aug 30, 1891 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer | 10b. KIND OF BUSINESS OR INDUSTRY: race track | 11. BIRTHPLACE (State or foreign country): Balto Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gordon W. Cole | 14. MOTHER'S MAIDEN NAME: Catherine Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: 213-14-4853 | 17. INFORMANT & ADDRESS: Mrs. Alex Cole, Sparks, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.2

Immediate cause (a) Myocarditis, Chronic, decompensated — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypotension — 2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-54, that I last saw the deceased alive on 5-31-54, and that death occurred at Died in bed, from the causes and on the date stated above.
SIGNATURE (Degree or title) James L. Schell M.D. ADDRESS Reisterstown Md DATE SIGNED 6-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-10-54 | NAME OF CEMETERY OR CREMATORY Falls Rd Chapel | LOCATION (City, town, or county) Butler | (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-10-54 | REGISTRAR'S SIGNATURE Mary B. Eline | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Sparks, Md.

VS. A15

RECEIVED
JUN 11 19
BUREAU V. S.

MARYLAND 5275

05236

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

I

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLITH UNFADING INK. Every item of information should be carefully supplied. correct age is especiant. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Mary A. Conway

2. DATE OF DEATH: June 27, 1954

3. PLACE OF DEATH: A Baltimore City, Maryland (Baltimore County)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 407 Schwartz Ave.

c Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 523 E. 23rd. St.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 9/24/1867
9. AGE (In years. last birthday): 86 — If Under 1 Year: Months / Days; If under 24 Hours: Hrs. / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Brown
14. MOTHER'S MAIDEN NAME: Matilda Brewen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS: Lewis Conway 917 Forest St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — 17 days
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* June 10, 1954, *to* June 27, 1954, *that I last saw the deceased alive on* June 26, 1954, *and that death occurred at* 5:30 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 301-E-22nd St.
23C. DATE SIGNED: July 1-54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/1/54
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn, Md

DATE RECEIVED BY LOCAL REGISTRAR: JUL 1 1954
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W Barre St

RECEIVED
JUL 7
BUREAU V. S.

5276 **MARYLAND STATE DEPARTMENT OF HEALTH** 05237

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Thomas Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Railroad Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	T.	Cooper	June 29, 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Jan. 7, 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Highway Mantaince	State Road	Baltimore City	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elbert Cooper	Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	none	Robert L. Cooper, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Sarcoma of Lung	10 Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1-53, 19..., to 6-29-54, 19..., that I last saw the deceased alive on 6-28-54, 19..., and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
Owen L. Duffell	M.D.	Reisterstown Md	6-30-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 1, 1954	St. Thomas	Owings Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-1-54	Mary B. Eline	J.F. Eline & Son's	Reisterstown, Md.

RECEIVED
JUL 2 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5277

CERTIFICATE OF DEATH

05238

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore Co; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place) 46 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2116 Gwynn Oak Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 2116 Gwynn Oak Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Julia	May	Crist		June	12	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 7 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Lakehart	Annie Hutton Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs Kaye Miller Sister 2116 Gwynn Oak Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Dis.	5 yrs
	(c) Diabetes	14 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 4, 1941, to June 12, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree of title)	ADDRESS	DATE SIGNED
Joshua H. Amacost	M.D.	6419 Windsor Mill Rd Baltimore 7 Md	6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 15 1954	Woodlawn	Woodlawn	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14-54	A. M. Beckman	Harry H. Amacost	4204 Ridgewood Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05239 WC

5278 CERTIFICATE OF DEATH

Reg. Dist. No. 4P

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 23 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 211 Rodgers Forge Road

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) J. (Last) DAVIDSON

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-27-93

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10B KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Fairfield, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Davidson

14. MOTHER'S MAIDEN NAME: Frances Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 215-01-0058

17. INFORMANT & ADDRESS: Clim.Rec.Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIOVASCULAR DISEASE — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from June 7, 1954, to June 8, 19 54 that I last saw deceased 1:00 P.M. 12:00 Noon, and that death occurred at 12:00 M. from the causes and on the date stated above.

SIGNATURE William B. VanDegrift, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 6-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/11/54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-10-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS John A. Moran Funeral Home 4201 York Rd., Balto., Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5279 **CERTIFICATE OF DEATH** 05241

Reg. Dist. No. 3-C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural give location) 3521 Gough St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Doenges

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH. 7-17-1879 | 9. AGE last birthday 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Casper Doenges | 14. MOTHER'S MAIDEN NAME: Mary Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — 8+ yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to June 21, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 10:42 A.M., from the causes and on the date stated above.

SIGNATURE Louis Frances Woodward M. D. ADDRESS Spring Grove St. Hosp. Catonsville Md. DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 24, 1954 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-23-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Lilly & Zeiler INc. | ADDRESS 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05242

5280

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 233 South Augusta Road

3. NAME OF DECEASED: (Type or Print) (First) OREGIN (Middle) E. (Last) DONELSON

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-27-91

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Shop work (car)

11. BIRTHPLACE (State or foreign country): Coalmont, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward W. Donelson

14. MOTHER'S MAIDEN NAME: Eliza Stroup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION LEFT VENTRICIE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO (B) CORONARY THROMBOSIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from June 7, 1954, to June 17, 1954, and that death occurred at 1:10A M, from the causes and on the date stated above.

SIGNATURE William B. VANDEGRIFT, M.D.

ADDRESS M. D. VAH, Fort Howard, Maryland

DATE SIGNED 6-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF June 17, 1954

NAME OF CEMETERY OR CREMATORY Rolling Green MemorialPark

LOCATION (City, town, or county) Camp Hill, Pennsylvania (State) Pennsylvania

DATE REC'D BY LOCAL REGISTRAR June 19-54

REGISTRAR'S SIGNATURE Dawson L. Harbaugh

24. FUNERAL DIRECTOR Eline Funeral Home

ADDRESS Reisterstown, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
[redacted] 22 1954
BUREAU V. S.

05243

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5281 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 5yr.11mo.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Seton Institute

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Thomas		Donnelly	June	11,	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	3-12-1873-	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Donnelly	Catherine Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records-Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	
DUE TO		
	(c) Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2- 19 54, to 6-11- 19 54, that I last saw the deceased alive on 6-11-54, 19....., and that death occurred at 4:05 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Pius Bahlmann - Supt. MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-11-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	6/14/54	University Md Island	Balto City	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14-54	V.E. Harris	Francis A. Manley	578 N Bdle St

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05244

5282 CERTIFICATE OF DEATH Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 521 W. Biddle St.

3. NAME OF DECEASED: (First) ARTHUR (Middle) (NMI) (Last) DOUGLAS
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 54

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/20/26
9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Paper box factory
11. BIRTHPLACE (State or foreign country): Carthage, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Douglas
14. MOTHER'S MAIDEN NAME: Lillie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 245-46-0058
17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) MULTIPLE SCLEROSIS, ACUTE, DISSEMINATED — 1 month

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1954, to June 1, 1954, [redacted], and that death occurred at 3:20PM, from the causes and on the date stated above.

SIGNATURE IRVING FREEMAN M.D. ACTING CHIEF, MEDICAL SERVICE ADDRESS VET. ADM. HOSP. FORT HOWARD, M.D DATE SIGNED 6/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE FILED 6-6-54
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Southern Pines, N.C.

DATE REC'D BY LOCAL REGISTRAR 6.4.54
REGISTRAR'S SIGNATURE A. W. Heming
24. FUNERAL DIRECTOR ADDRESS Hemsley Funeral Home, 578 W. Biddle St. Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5283 **MARYLAND STATE DEPARTMENT OF HEALTH** 05246

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edwards Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
STREET ADDRESS (If rural, give location) Edwards Lane

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) EDWARDS

4. DATE OF DEATH: (Month) June (Day) 18th, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 7, 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): foreman

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Edwards

14. MOTHER'S MAIDEN NAME: Temperance Biddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 213-09-2699.

17. INFORMANT AND ADDRESS: Mrs. W. A. Edwards, Edwards Lane, Balto. 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	7 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery Disease	8 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1954, to 6/18, 1954, that I last saw the deceased alive on 6/11, 1954, and that death occurred at 10 50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Mack MD 423 Eastern Ave Essex 21 Md 6/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: June 21, 1954 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Kooken Funeral Home 7401 Belair Rd.

5284

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 05247

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
LENGTH OF STAY (in this place) 4yrs 5mos 14da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6200 Belair Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Mary Eigenraug	June 26 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	Feb. 8 1867	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
music teacher		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Eigenraug	Augusta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	
	DUE TO (c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. C. J. Kieffer M. D. 1010 Keelson

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED June 26 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/54	Loudon Park Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-28-54	A. W. Hedrick	Lassahn Funeral Home	7401 Belair Rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5285 **CERTIFICATE OF DEATH** Reg. Dist. No. 05248

1. PLACE OF DEATH: COUNTY Baltimore CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. Highlands (2) MARYLAND LENGTH OF STAY (in this place) 1 yr. HOSPITAL OR INSTITUTION OR STREET ADDRESS 4010 Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. Highlands STREET ADDRESS (If rural give location) 4610 Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) (Hazelwood) (Last) English

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 2 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Dudamer Humblewood

14. MOTHER'S MAIDEN NAME: Irene Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mary Lackey - (same)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yr.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 5 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arthritis — 7 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anemia (Bad) — 5 yr.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 19 54, to 6/14, 19 54, that I last saw the deceased alive on 6/14/54, 19 ..., and that death occurred at 6 P. M., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. M.D. ADDRESS Lauderick Manor DATE SIGNED 6/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/18/54 — NAME OF CEMETERY OR CREMATORY St Dominick Cem — LOCATION (City, town, or county) Kingsport Tenn (State)

DATE REC'D BY LOCAL REGISTRAR 6-15-54 — REGISTRAR'S SIGNATURE A. W. Hamm

24. FUNERAL DIRECTOR John J Cowan — ADDRESS 401 Hollins St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5286

CERTIFICATE OF DEATH

05249

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN White Hall (Rural); LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Troyer Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall (Rural); STREET ADDRESS (If rural, give location) Troyer Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Pinkney (Last) Ensor

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan 7. 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmowner

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Ensor

14. MOTHER'S MAIDEN NAME: Mary Ellen Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Alex Ensor, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Instant

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arterio-sclerosis

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 40 , to June 18 1954 that I last saw the deceased alive on June 18, 1954 and that death occurred at 5 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Jr. France M.D. Parkton Md 6/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-21-54 NAME OF CEMETERY OR CREMATORY Black Rock LOCATION (City, town, or county) (State) Butler, Md.

DATE REC'D BY LOCAL REGISTRAR June 21, 54 REGISTRAR'S SIGNATURE M. Elizabeth Gorsuch 24. FUNERAL DIRECTOR ADDRESS L. Leo & Brooks, Sparks, Md.

RECEIVED
JUN 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05250

5287 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5214 Cromarty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 5214 Cromarty Rd.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) C. (Last) FAHEY

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 22, 1889

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael E. Fahey

14. MOTHER'S MAIDEN NAME: Helen Quenzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes, (If Yes, give war or dates of service) Rowld No.1

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Vallie C. Fahey-5214 Cromarty Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15., 1954, to 6/22., 1954, that I last saw the deceased alive on 6/21, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Donna Laughlin M. D. ADDRESS 4508 Edmondson Village DATE SIGNED 6/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/25/54
NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 6-24-54
REGISTRAR'S SIGNATURE: A. W. Hedrick
FUNERAL DIRECTOR: Wm. J. Tschiener & Sons ADDRESS: Balto. 17 Md.

Film#G167 Item# 14 6/24/54 emf

MARYLAND · 5288

05251

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE, WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of informatbe carefully supplied. Physicians: please write the causes of death clearly and le
THIS CERTIFICATE MUST WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): JOHN FINCH

2. DATE OF DEATH: June 2, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 Stratford Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyattsville
D. STREET ADDRESS (If rural, give location): 5017 - 56th Place

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	June 2, 1877	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist (rtd)	Drugs	Maryland	

13. FATHER'S NAME: William Finch

14. MOTHER'S MAIDEN NAME: Martha unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mr. Milton H. Finch-114 Homeland Ave.

I—CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis C. V. D. — 10 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES ☐ NO ☑

22. I certify that (I) (this hospital) attended the deceased from 3-16-54 19 to 6-2-54 19, that (I) (we) last saw the deceased alive on 6-2-54 19, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James Stowell M.D. ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	Catonsville	6-3

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/5/54	Loudon Park Cem.	Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 - 1954

REGISTRAR'S SIGNATURE: [illegible]

27. FUNERAL DIRECTOR: Wm. J. Pickner & Sons

ADDRESS

RECEIVED
JUN 10 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

: 5289 **CERTIFICATE OF DEATH**

Reg. Dist. No. 15252 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

LENGTH OF STAY (In this place) 5mos. 10days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 4

STREET ADDRESS (If rural, give location) 3329 Piedmont Ave.

3. NAME OF DECEASED: (First) (Lida) Eliza (Middle) - (Last) Fisher

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single-	3-26-1868.	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Postmistress(rtd)	U.S.Post Office	Maryland	U SA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew Fisher	Mary Jane Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Ethel Vogt - 125 S. Catherine St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Cardio vascular renal disease DUE TO	yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis DUE TO	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24- 19 53 to 6-3- 19 54, that I last saw the deceased alive on 6-3- 19 54, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE Isabel J. Vogtmann-Green (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-3-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/5/54	SatersCem.	Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-4-54	A. W. Hess	Wm. J. Fickus & Son	Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05253

CERTIFICATE OF DEATH

5290

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Flannigan

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: unknown

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proof Reader

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Flanigan ~~unknown~~

14. MOTHER'S MAIDEN NAME: Emma unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio - Vascular Disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1954, to 6/7, 1954, that I last saw the deceased alive on 6/7, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Stella Wachsler (DEGREE OR TITLE) M.D ADDRESS Spring Grove State Hospital DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF June 11 1954 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. 6-8-54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Washington, D.C.

VS. A15 8-51

RECEIVED
JUN 10
BUREAU V. S.

5243 MARYLAND STATE DEPARTMENT OF HEALTH 05254

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (in this place) 8 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2915 LIBERTY PKWY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 2951 LIBERTY PKWY.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EMMETT (Last) FLIPPO
4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-11-1874
9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRI.
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM FLIPPO
14. MOTHER'S MAIDEN NAME: HASELTINE CARTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) NO
16. SOCIAL SECURITY NO. 212-26-1402
17. INFORMANT AND ADDRESS: LULA D. FLIPPO - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchial pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocardial Degeneration	2-3 yrs
	(c) Senility & Generalized arterio-sclerosis.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1950, to 6-3, 1954 that I last saw the deceased alive on 6-3, 1954, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Eugene F. Neary M.D. | 7001 Marsing Ter Rd Dundalk 22 Md. |

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 6-5-54 | NAME OF CEMETERY OR CREMATORY: PENFIELD | LOCATION (City, town, or county) (State): PARTLOW, SPTSVL, CO. VA.

DATE REC'D BY LOCAL REG.: June 4-1954 | REGISTRAR'S SIGNATURE: William M. Kelly | 24. FUNERAL DIRECTOR: Walter Bowden Bradley | ADDRESS: Dundalk, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05255

5291 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 84 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Oakdale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural give location) 105 Oakdale Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Leon (Last) Flower

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 11 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Supt. of Bottling Plant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram Flower

14. MOTHER'S MAIDEN NAME: Edith Violet

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Pearl L. Flower (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Congestive Heart Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis

DUE TO

(c) Cirrhosis of the Liver. Peripheral Vascular disease with ulceration & gangrene Foot left

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 54, to 23 Jun 54, that I last saw the deceased alive on 22 June, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE Jos. N. Gatz (Degree or title) M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md DATE SIGNED 23 Jun 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 26 NAME OF CEMETERY OR CREMATORY White Haven LOCATION (City, town, or county) Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 6/25/54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS Mac Nabb & Son Catonsville, Md.

VS. A15

5292 MARYLAND STATE DEPARTMENT OF HEALTH 05256

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (In this place): 4 Hrs. 45 Min.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 3218 Avon Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) C. (Last) FOUNTAIN

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/31/96

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Daniel Fountain

14. MOTHER'S MAIDEN NAME: Mary Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) RIGHT PARIETAL TEMPORAL FRACTURE OF SKULL	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) LEFT SUBDURAL HEMATOMA	4 DAYS
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/21/54

19b. MAJOR FINDINGS OF OPERATION: Left subdural hematoma

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 29th Div. Club

(CITY OR TOWN) (COUNTY) (STATE): 2101 Barclay St., Baltimore, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6/21/54 2:00 AM

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell Down Steps-struck head on pavement

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): Dy. Med. Examr. - Baltimore City, Md. ADDRESS: [illegible] DATE SIGNED: 6/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/29/54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-28-54

REGISTRAR'S SIGNATURE: A. W. Hudson

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Funeral Home

ADDRESS: North & Penna Aves., Baltimore, Md.

5293

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05258

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
LENGTH OF STAY (In this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 505 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
STREET ADDRESS (If rural, give location): 505 Murdock Road

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) GIBSON (Last) FRASER

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 10, 1907

9. AGE last birthday: 47 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Private School

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?: Scotland

13. FATHER'S NAME: Robert Binning Fraser

14. MOTHER'S MAIDEN NAME: Jessie Hunter Jarvie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If year, give war or dates of service): 218-32-0205

17. INFORMANT AND ADDRESS: Mrs. Jessie Fraser- 505 Murdock Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval between onset and death: 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to June 19, 1954, that I last saw the deceased alive on June 19, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William P. Helfrich M.D. — ADDRESS: 5006 Roland Ave Balto 10 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 22, 1954 — NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-24-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: H. SANDER & SONS, INC. Baltimore, Maryland — by H. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5294 (05260)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bernoudy Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Hall; STREET ADDRESS (If rural give location) Bernoudy Rd

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) MARY (Last) Gaughran

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Feb 15 1864

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Witomski

14. MOTHER'S MAIDEN NAME: Henrietta Marks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Lorretta Doyle White Hall Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio - Sclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....19 54 to June 9, 19 54, that I last saw the deceased alive on June 8, 19 54, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin Bortner M.D. ADDRESS White Hall DATE SIGNED June 9, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 12 1954; NAME OF CEMETERY OR CREMATORY Holy Redeemer; LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 6-14-54; REGISTRAR'S SIGNATURE John Haydrick

24. FUNERAL DIRECTOR H.H.J. Erkins & Son Co ADDRESS 4905 York Rd

VS. A15

5295 MARYLAND STATE DEPARTMENT OF HEALTH 05259

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Carroll Manor Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 24 S. Curley St.

3. NAME OF DECEASED (Type or Print): First: GUSTAV — (Middle): — (Last): GERMAN

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 5, 1877

9. AGE Last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prussia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? German

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Margaret Rainey 29 Seabright Ave. 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis H.D. — 2 yrs.

(c) Generalized Arteriosclerosis — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 54, to June 20, 19 54, that I last saw the deceased alive on June 20, 19 54, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE: James A. Means — (Degree or title) M.D. — ADDRESS: 5204 Harford Rd. Balto 14 Md. — DATE SIGNED: 6/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 25, 1954 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Colgate, Md.

DATE REC'D BY LOCAL REG. 6-21-54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05261

5296

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonville — LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Nursing Home 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3118 Frederick Avenue

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) JEFFRIES (Last) GIBSON

4. DATE OF DEATH: (Month) June (Day) 28th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 9 1860

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Queen Anne Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Harris

14. MOTHER'S MAIDEN NAME: Elizabeth Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs Mary Coxon 4301 Parkton St. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Hypostatic Pneumonia — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Asthma Chronic Bronchial — 22 Years

(c) Cardio Vascular Renal Disease — 10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1932, to 6/28, 1954, that I last saw the deceased alive on 6/28, 1954, and that death occurred at 9.45 P. m., from the causes and on the date stated above.

SIGNATURE: Elias W Johnson — (Degree or title) M.D. — ADDRESS: 3432 Frederick Avenue — DATE SIGNED: June, 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July, 1, 1954 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-30-54 — REGISTRAR'S SIGNATURE: A. W. Hodson

24. FUNERAL DIRECTOR: Miles Amoroso — ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05262

5297

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 931 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) AQUILA (Middle) (Last) GILMORE

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-2-78

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): New Iberia, Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Isome Gilmore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) S.A.W.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm. Hospital, Ft. Howard, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GENERALIZED ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1954, to June 18, 1954, and that death occurred at 6:30A M, from the causes and on the date stated above.

SIGNATURE Irving Fineman ADDRESS DATE SIGNED

IRVING FINEMAN, Acting Chief, Medical Service VAH Ft. Howard, Md 6/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-22-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Mrs. Samuel T. Hemsley 578 W.Biddle St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05263

5298 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 46 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1711 N. Bradford St.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) (NMI) (Last) GOLDMAN

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: 1/10/89
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd jobs
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Goldman
14. MOTHER'S MAIDEN NAME: Dora Samuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 215 32 9440
17. INFORMANT & ADDRESS: Clin. Rec. Vet. Adm. Hosp., Ft. Heward, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-57X
IMMEDIATE CAUSE (A) CARCINOMA OF HEAD OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to June 30, 1954, [redacted] and that death occurred at 9:05P M, from the causes and on the date stated above.
SIGNATURE Irving Freiman
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 7/1/54
IRVING FREEMAN, M.D., Acting Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-2-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-1-54
REGISTRAR'S SIGNATURE A W Hussman
24. FUNERAL DIRECTOR Howard Blight Funeral Home
ADDRESS 6009 Harford Rd. Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

File #C187 Item # 14 6/18/54 emf

05265

MARYLAND

5299

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3-8

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~ Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3119 Willoughby Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~ Parkville
STREET ADDRESS (If rural, give location): 3119 Willoughby Road

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Lansdale (Last) Grimes

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 10, 1872

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Prince George Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Henry A. Grimes 3119 Willoughby Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Acute pulmonary edema — 2 d.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to June 10, 1954, that I last saw the deceased alive on June 9, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harold A. Scott, M.D. — 5305 Harford Rd. — 6/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 14, 1954 | NAME OF CEMETERY OR CREMATORY: Moreland | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-11-54 | REGISTRAR'S SIGNATURE: H W Redmond Dmd

24. FUNERAL DIRECTOR: L. J. Ruck | ADDRESS: 5305 Harford Road

MARGIN RESERVED FOR BINDING

Dr. Gratt

Item 21&Film G167B 6/24/54 ans 5300

05266
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere (19)
LENGTH OF STAY (in this place) 39 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garage-6700 North Point Rd. and River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgemere (19)
STREET ADDRESS (If rural, give location) 6700 North Pt.Rd. & River Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) HAGGERTY

4. DATE OF DEATH (Month) June (Day) 4 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 5-10-1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): GUIDEMAN

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN T. HAGGERTY

14. MOTHER'S MAIDEN NAME: LOUISE ECKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 213-07-6620

17. INFORMANT & ADDRESS: BEULAH E. HAGGERTY — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

973.1
Immediate cause (a) Carbon monoxide poisoning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary thrombosis with myocardial infarction

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY garage

21c. (City or town) Edgemere (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) June 4, 1954 (Hour) 5:15 A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found in auto in garage with garage doors closed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Gerwin M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED June 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE THEREOF** 6-7-54 — **NAME OF CEMETERY OR CREMATORY** PARKWOOD — **LOCATION** (City, town, or county) (State) BALTO. Co. Md

DATE REC'D BY LOCAL REG. June 7. 54 — **REGISTRAR'S SIGNATURE** Dawson L. Harbor

24. FUNERAL DIRECTOR Kibler Bros. Bradley, Md. — **ADDRESS**

VS. A15A - 5 - 53

RECEIVED
JUN 1(
BUREAU V. S.

: 5301

MARYLAND STATE DEPARTMENT OF HEALTH

05267

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 E. Chesapeake Ave; MARYLAND; LENGTH OF STAY (In this place) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 126 E Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Sylvester (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months; If under 24 hrs: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Long Green, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Pinkney

14. MOTHER'S MAIDEN NAME: Minnie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-1431 A

17. INFORMANT AND ADDRESS: Fannie Myers - 126 E. Chesapeake Ave, Towson

18. MEDICAL CERTIFICATION

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, pulmonary	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of lung	15 mos +
	(c)	

M.J.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Rollins Hudson (Degree or title) M.D., D.M.E. ADDRESS: Towson Md DATE SIGNED: 6/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/13/54 | NAME OF CEMETERY OR CREMATORY: Pleasant Rest | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: 6-11-54 | REGISTRAR'S SIGNATURE: [illegible] Deputy | 24. FUNERAL DIRECTOR: Wm. I. Chatman, Jr. | ADDRESS: 1701 N. E. Gilmor St. Balto. Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05268

5302 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 1yr.8mo.20days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 724 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) H. (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday 87? yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jim Harris

14. MOTHER'S MAIDEN NAME: Fracis E. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction, probable — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S) DUE TO (B) Coronary arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Peripheral Vascular disease secondary — to above

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8- , 1952, to 6-28- , 1954, that I last saw the deceased alive on 6-28-54 , 19 , and that death occurred at 9:11 A.M., from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell M. D. ADDRESS Spring Grove State Hospital Catonsville 28 Maryland DATE SIGNED 6-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7/2/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) University Med School Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/2/54 — REGISTRAR'S SIGNATURE V.E. Harry — 24. FUNERAL DIRECTOR ADDRESS Frances A Hensley 578 N Bradford St

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05269

5303 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Balto.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Murdock Rd.	STREET ADDRESS (If rural give location) 603 Murdock Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warner	David	Heim Sr.	June	6	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	married	Oct. 3 1869	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retire Builder	Construction	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Heim	? Kaufman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Warner D. Heim Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	1 Hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina Pectoris	Indeterminate
	(c) Arteriosclerotic C.V. disease	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr., 1946 to June, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Howard L. Reamer M.D.	427 Hopkins Pl Balto 1 Md	6/7/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/10/54	Govans Presbyterian Cem	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-8/54	A.W. Hedrich dmr.	John A. ...oran	3000 E. Balto. St.

VS. A15

: 5304

05270

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills, Maryland.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore - 31,
STREET ADDRESS (If rural, give location) 431 Dallas Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Edward (Last) Hendershot
4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	2/23/50	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	West Virginia	U.S.A.

13. FATHER'S NAME: Raymond Paul Hendershot
14. MOTHER'S MAIDEN NAME: Margaret Ellen Rutherford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	---	Mr. & Mrs. Hendershot - 431 Dallas St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Suffocation	25 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Aspiration of food	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic brain condition after birth trauma (Forceps delivery) — at birth

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐
none	none	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rosewood SS	21c. (City or town) (County) (State)
None		Owings Mills, Baltimore Co. Maryland.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
6	16	45	2:20 p.m.			Aspiration of food into trachea

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Taylor M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6-22-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 17/54	Fairmont Cemetery	Fairmont, Marion Co. W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-17-54	Mary B. Eline,	J.F.Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05271

: 5305

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River, Md. LENGTH OF STAY (in this place) 5 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa Gardens
STREET ADDRESS (If rural, give location) 1095 Randolph, Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) J. (Last) Holbrook

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): child

8. DATE OF BIRTH: 5/2/1954

9. AGE last birthday: yrs. 1 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Holbrook

14. MOTHER'S MAIDEN NAME: Mary Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Apnea Bilateral DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & internal hydrocephalus DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 19 54, to 6-1, 19 54, that I last saw the deceased alive on 6-1, 19 54, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Maryann J. Rymkus, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 6/3/1954

NAME OF CEMETERY OR CREMATORY Bayard Cemetery

LOCATION (City, town, or county) Bayard (State) W. Va.

DATE REC'D BY LOCAL REG. 6/2/54

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex, Md.

2054242374

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 8 1954
BUREAU V. S

5308 MARYLAND STATE DEPARTMENT OF HEALTH 05272

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At, Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale Baltimore, 6-Md.
STREET ADDRESS (If rural, give location) 1230 Hilldale Avenue

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Conrad (Last) Hopkins

4. DATE OF DEATH: (Month) June (Day) 9th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug, 23-1898

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.,

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hopkins

14. MOTHER'S MAIDEN NAME: Elizabeth Lentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-1281

17. INFORMANT AND ADDRESS: Mrs. Josephine Hopkins 1230 Hilldale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to June 9, 1954, that I last saw the deceased alive on June 9, 1954 and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Cunningham MD Balto 6 Md 6/9/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: June 12-1954
NAME OF CEMETERY OR CREMATORY: St. Stanislaus
LOCATION (City, town, or county) (State): 1300 Dundalk Ave Balto, Md.

DATE REC'D BY LOCAL REG. 6-10-54
REGISTRAR'S SIGNATURE: Wm. J. Hedrick
24. FUNERAL DIRECTOR: George A. Weber
ADDRESS: 705 S. Conkling

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5307

05273

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place): 33 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3201 E. Joppa Road

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) (Last) Horner

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 4-20-1894

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mailman

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Horner

14. MOTHER'S MAIDEN NAME: Sophie Dietrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (B) DUE TO: Diabetes Mellitus — Unknown.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to June 15, 1954 that I last saw the deceased alive on June 15, 1954, and that death occurred at 9:35 P M, from the causes and on the date stated above.

SIGNATURE Frederick L. Phillips M.D. ADDRESS Spring Grove Hosp DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6-19-54

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: 6-17-54

REGISTRAR'S SIGNATURE: A. W. Hedgepeth

24. FUNERAL DIRECTOR: Leonard J. Ruck **ADDRESS:** 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05274

5308 CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 26 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson.; STREET ADDRESS (If rural give location) 200 E. Joppa Rd.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Grace (Last) Hoshall

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 54.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 29 Jan. 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter HUNTER

14. MOTHER'S MAIDEN NAME: Clara Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mildred Hoshall Green (daughter same address)

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Collapse of Respiratory Center from	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Metastatic carcinoma of the left breast	4 years
	DUE TO (c) Hypertensive Cardiovascular disease.	1 year.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia & dehydration	

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 21 June, 1954, that I last saw the deceased alive on 21 June 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert A. Abraham (Degree or title) M.D. ADDRESS 111 Allegheny Ave Towson Md DATE SIGNED 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 24/1954 NAME OF CEMETERY OR CREMATORY Woselong Cemetery LOCATION (City, town, or county) (State) Wiseburg, Maryland

DATE REC'D BY LOCAL REGISTRAR June 23, 1954 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05275

5309 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4 W. Pennsylvania Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 4 W. Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) FRANKLIN (Last) HOWARD

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1891

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Metro. Dist. Balto. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. Howard

14. MOTHER'S MAIDEN NAME: Emma J. Hodrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. C.F.Howard, 4 W. Penna. Ave., Towson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Mediastinum — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1954, to 6/16, 1954, that I last saw the deceased alive on 6/15, 1954, and that death occurred at 5 30 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathan Janney M.D. — ADDRESS: 7101 Harford Rd. — DATE SIGNED: 6/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 19, 1954 — NAME OF CEMETERY OR CREMATORY: Poplar Methodist Cemetery — LOCATION (City, town, or county) (State): Cockeysville, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 19, 1954 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

VS. A15

JUN 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05276

5310 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Terrace Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
STREET ADDRESS (If rural, give location) Terrace Road

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) FOSTER (Last) HOWARD

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 13, 1886

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Music Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Foster

14. MOTHER'S MAIDEN NAME: Maria Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jarrett E. Howard, Terrace Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	Two hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Heart Disease	Two years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Baltimore — (COUNTY) — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1952, to 6/11, 1954, that I last saw the deceased alive on 6/11, 1954, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

R. Brandon MD 1656 Kelly Ave. -9 — 6/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 6/14/54 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery — LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 6-15-54 — REGISTRAR'S SIGNATURE O. W. Hedrick L.L. — **24. FUNERAL DIRECTOR** — ADDRESS Wm. Cook Jr. 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 185277 4-5

5311 CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale; STREET ADDRESS (If rural give location) 8227 Old Philadelphia Road

3. NAME OF DECEASED: (First) Vaclav (Middle) (Last) Hradsky

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 28, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Dvorak Bros.

11. BIRTHPLACE (State or foreign country): Czeckoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mathew Hradsky

14. MOTHER'S MAIDEN NAME: Barbara Pilka

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: James Hradsky, 8227 Old Philadelphia Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Urinary Bladder DUE TO

(c)

Interval Between Onset And Death: (a) ; (b) Feb 1954

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954 to June 10, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 8:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Kosanek M.D. ADDRESS 8014 Kenwood Ave DATE SIGNED 6/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 14, 1954.; NAME OF CEMETERY OR CREMATORY Holy Redeemer; LOCATION (City, town, or county) (State) Belair Rd.

DATE REC'D BY LOCAL REGISTRAR June 12 1954; REGISTRAR'S SIGNATURE R.W.K.

24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home 2601-03-05 E. Madison Street.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05278

5312 CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 78; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 3246 Stafford Street

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) W. (Last) HURST

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/16/97

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10B. KIND OF BUSINESS OR INDUSTRY: Service Station

11. BIRTHPLACE (State or foreign country): Pulaski, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Hurst

14. MOTHER'S MAIDEN NAME: Mary Dows

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF PHARYNX — INTERVAL BETWEEN ONSET AND DEATH: 10 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from March 29, 1954 to June 15, 1954 [redacted], and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS DATE SIGNED

IRVING FREEMAN, Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND 6-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 6/19/54; NAME OF CEMETERY OR CREMATORY Pulaski Cemetery; LOCATION (City, town, or county) (State) Pulaski, Virginia

DATE REC'D BY LOCAL REGISTRAR 6-5; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS George L. Schwab Funeral Home 2101 Frederick Avenue, Baltimore, Md.

WC

MARYLAND STATE DEPARTMENT OF HEALTH

5313 2411 N. Charles Street, Baltimore 05279

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 HILTON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; STREET ADDRESS (If rural, give location) 209 HILTON AVE.

3. NAME OF DECEASED (Type or Print): (First) Ona (Middle) V. (Last) Ingram

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: APR. 18, 1884

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT WILLEY

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William S. INGRAM - 209 HILTON AVE, CATONSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic hypertensive cardiovascular disease — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to June 24, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

SIGNATURE John A. Luckett Jr. (Degree or title) M.D. ADDRESS 1110 St Paul St., Baltimore 2, Md DATE SIGNED 6-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: JUNE 27/54; NAME OF CEMETERY OR CREMATORY: WHITE STONE METHODIST; LOCATION (City, town, or county) (State): WHITE STONE VA.

DATE REC'D BY LOCAL REG. 6-27-54; REGISTRAR'S SIGNATURE: V.E. Harvey; 24. FUNERAL DIRECTOR: Harry H. Smith; ADDRESS: 1101 EDMONDSON AVE.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 29 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05280

5314 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Nursing Home 5443 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 408 E. Chase st.

3. NAME OF DECEASED: (Type or Print) (First) Emmy (Middle) Taeggin (Last)

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1954 3:45 a.m.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1/28/1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 4 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frankindorf Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Martin

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dr. A. Bin Taeggin 408 E. Chase st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4.2.1.4

Immediate cause (a) angina heart failure — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Chronic Myo-Endocarditis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia 3 years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1954, to June 13, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Maurice L. Shannen, M.D. 3300 N. Charles Line Baltimore, Md. 6/14/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/15/54 — NAME OF CEMETERY OR CREMATORY Lorraine — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 6-15-54 — REGISTRAR'S SIGNATURE A. J. Hudson

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul st.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 5315

05281

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 8 film G167 6/11/54 cm

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 N. BEECHWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 9 N. BEECHWOOD AVE.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BERNARD (Last) JOBSON

4. DATE OF DEATH: (Month) 6 - (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 13, 1878

9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WHOLESALE LUMBER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK P. JOBSON

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs George B. Jobson - 9 N Beechwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 2 days

Antecedent cause(s) (b) adeno-carcinoma of large bowel — 8 yrs. 11 mos.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Metastasis to liver — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1930, to 6-4, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. A. Bruce Jr. M.D. 6 Ditton Ave Catonsville, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6-5-54 | NAME OF CEMETERY OR CREMATORY: Loraine Park | LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG. 6-5-54 | REGISTRAR'S SIGNATURE: V.E. Harris

24. FUNERAL DIRECTOR ADDRESS: George O. Farley - Catonsville, Md

MARGIN RESERVED FOR BINDING

6 Fourth Ave

MARYLAND 5316

05282

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HILLTOP GUEST HOUSE 516 EDMONDSON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 303 CHESAPEAKE AVE.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) HARRISON (Last) KEITH

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER

8. DATE OF BIRTH: JAN. 31, 1887

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARDENER - RET.

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John Ravine - Balto. County Courthouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY INSUFFICIENCY — Interval between onset and death: 1yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953., to June 1., 1954, that I last saw the deceased alive on May 29., 1954, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilson McKay, MD 6014 Edmondson Ave - Balto 28 Md. June 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-3-54 — NAME OF CEMETERY OR CREMATORY: Mountain Lawn Cem — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 6-2-54 — REGISTRAR'S SIGNATURE: C. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: George A. Farley - Catonsville, Md.

MARGIN RESERVED FOR BINDING

JUN 4
BUREAU V. S.

5317 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05283

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex (21); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 Upper Landing Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) Keller

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-21-1872

9. AGE last birthday: 82 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Conrad Gonderman

14. MOTHER'S MAIDEN NAME: Louise Kratz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): N/D

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Carrie Boertner – Sister – Same Ad.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Disease	2 years
	(c) Hypertension	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Varicose Ulcers	5 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to June 18, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 11:29 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd	6/18/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-21-54	Loudon Park Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/54	Edith Hurley	Walter Gordon Bradley	Dundalk, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05284

5318 CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton; MARYLAND LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Downs Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton; STREET ADDRESS (If rural give location) Downs Rd.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) K. (Last) Keller

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Febr. 20 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Keller Downs

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: J. K. Kersey - New Haven, Conn.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Vascular disease — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to June 7, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Frazer M.D. ADDRESS Parkton Md. DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 10 1954 NAME OF CEMETERY OR CREMATORY Maryland Line Cem. LOCATION (City, town, or county) Maryland Line, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/9/54 REGISTRAR'S SIGNATURE Roberta L. Reed

24. FUNERAL DIRECTOR Jacob Nordenstein ADDRESS New Freedom, Pa.

RECEIVED
JUN 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05285

5319 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maysville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) EARL (Middle) W. (Last) KEPLINGER
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1954

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-5-13
9. AGE last birthday: 41 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Forman, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Keplinger
14. MOTHER'S MAIDEN NAME: Emma Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE RIGHT LUNG WITH
ANTECEDENT CAUSE (S) METASTASIS TO THE BRAIN.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1954, to June 5, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 3:45AM, from the causes and on the date stated above.

SIGNATURE Winston C. Dudley
WINSTON C. DUDLEY
ADDRESS M. D. VAH, FT. HOWARD, MD
DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-8-54
NAME OF CEMETERY OR CREMATORY Lahmansville Cemeter
LOCATION (City, town, or county) (State) Lahmansville, W.Va.

DATE REC'D BY LOCAL REGISTRAR June 8-54
REGISTRAR'S SIGNATURE Dawson L. Taylor
24. FUNERAL DIRECTOR Hubbard Funeral Home
ADDRESS 410? Wilkens Ave., [illegible]ginia

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 10 19
BUREAU V. S.

Film#G167 Item# 6
6/22/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05286

CERTIFICATE OF DEATH

5320

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the Holy Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co.
STREET ADDRESS (If rural give location) 637 North Rendle

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) KNAPP
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 8 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: William Stapf
14. MOTHER'S MAIDEN NAME: Katherine Kuhns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Jos. V. Knapp - Arlington Va

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Cerebral Hemorrhage	8 da.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension Cardio-Vascular Disease	10 yr.
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Marked obesity.	

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1952, to 6-11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Gallagher	M.D.	Catonsville 28, Md.	6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 14 54	Western Cem.	Baltimore	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-54	A. W. Hedges	H. B. Shepherd & Sons	1300 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

5321 MARYLAND STATE DEPARTMENT OF HEALTH 05287

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly. Give exact age

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2101-4
STREET ADDRESS (If rural, give location) 3017 Gilford Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) T. (Last) Knox

4. DATE OF DEATH: (Month) June (Day) 3rd (Year) 19 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 25, 1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months 2, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Fitter (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard T. Knox

14. MOTHER'S MAIDEN NAME: Mary Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss. Anne M. Knox - 3017 Gilford Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to June 3, 19 54, that I last saw the deceased alive on June 3, 19 54, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles F. O'Donnell MD — 2701 Lord Baltimore Drive — 6/4/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-7-54 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Edmondson Ave., Balto. Md.

DATE REC'D BY LOCAL REG.: 6-7-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: George J. Ruth, Inc. - 1735 Harford Avenue

1

5322 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05288

CERTIFICATE OF DEATH

Reg. Dist. No. 40

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 313 Forge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural, give location) Box 313 Forge Rd

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C (Last) Kraus

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 18 1953

9. AGE last birthday: 1 yrs. If under 1 year: Months 2 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J. Kraus

14. MOTHER'S MAIDEN NAME: Margaret C Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: — —

17. INFORMANT AND ADDRESS: Mr Henry J Kraus Box 313 Forge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrage of Oesophageal Varices.	14 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Hepatoma	8 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1953 to 30 June, 1954, that I last saw the deceased alive on 9 June, 1954, and that death occurred at 8:05 Am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John C. Hyde M.D. ADDRESS 7527 Belair Balto Md DATE SIGNED 6-30-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/1/54

NAME OF CEMETERY OR CREMATORY St Joseph Church Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 1-5-4

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

: 5323

05289

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - Rural

LENGTH OF STAY (in this place)

~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS 318 St. Georges Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Essex

STREET ADDRESS (If rural, give location) 318 St. Georges Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Lamley (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 6/22/54 5:15 P.M.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	3/3/1893	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Schraunder

14. MOTHER'S MAIDEN NAME: Elizabeth Schraunder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Albert V. Lamley 318 St. Georges Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arterio-sclerotic Cardio-vascular Renal Disease DUE TO	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James F. White M.D. 422 Foster Ave. Baltimore 21, Md. 6/24/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/25/54	Holy Redeemer	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-24-54	R.W.	Wm. Cook Inc.	1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05290

5324 CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Towson (Rural) | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #8 Bosley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto. Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Towson (Rural)
STREET ADDRESS (If rural give location) RFD #8, Bosley Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Benjamin (Last) Lankford.

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Nov 1, 1880 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Lancaster Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Lankford. | 14. MOTHER'S MAIDEN NAME: Roberta Maddox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 215-32-3012 | 17. INFORMANT & ADDRESS: Mrs Russell Teal, Jemonium, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1954, to 6/16, 1954, that I last saw the deceased alive on 6/7, 1954, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M. K. Quinn M.D. | ADDRESS Timonium Md. | DATE SIGNED 6/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 6-19-54 | NAME OF CEMETERY OR CREMATORY Jessops Methodist | LOCATION (City, town, or county) Hzlht. | (State) Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 16 June 1954 Irene Armistead MacRae | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Hzlht. Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1954
BUREAU V. S.

05291

MARYLAND · 5325

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 116 Madison St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Naomi (Middle) (Last) Leishear

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Mar. 25, 1873

9. AGE last birthday 81 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Res.

10b. KIND OF BUSINESS OR INDUSTRY Civil Service

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph A. Leishear

14. MOTHER'S MAIDEN NAME Marcella Warfeild

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -- ----

17. INFORMANT AND ADDRESS Mrs. Anna Dunning-11 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Congestive Heart-Failure — Interval Between Onset and Death: 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). Cardio-Vascular Disease —

(c).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10/54, to 6/17/54, that I last saw the deceased alive on 6/16/54, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Wm. E. Martin, M.D. Randallstown Md 6/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 6-19-54

NAME OF CEMETERY OR CREMATORY Harmony Presbyterian Cem.

LOCATION (City, town, or county) (State) Lisbon, Howard Co., Md.

DATE REC'D BY LOCAL REG. 6-19-54

REGISTRAR'S SIGNATURE P.E. Harry

FUNERAL DIRECTOR ADDRESS George P. Farley Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05292

5326 CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River
MARYLAND LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1210 4th Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 1210 4th. Road

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Gregg (Last) Lewis

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 14, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 3 Days 10 IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Red Oak, Iowa

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James B. Gregg

14. MOTHER'S MAIDEN NAME: Josephine Mills

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) –

16. SOCIAL SECURITY No.: –

17. INFORMANT'S ADDRESS: David Lewis same as above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Metastatic Melanoma - liver & brain

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Melanosarcoma - Sole of Rt. foot

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: Oct. 1953

19b. MAJOR FINDINGS OF OPERATION Melanoma - foot

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to June 24, 1954, that I last saw the deceased alive on June 24, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Tom. A. Rodgers, M. D. ADDRESS 815 Eastern Ave. DATE SIGNED June 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6/26/54

NAME OF CEMETERY OR CREMATORY Hiawatha Cem.

LOCATION (City, town, or county) Hiawatha (State) Kansas

DATE REC'D BY LOCAL REGISTRAR 6/25/54

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John D Connelly. ADDRESS Essex Md.

RECEIVED
JUN 29 1954
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05293

5327 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2715 Edmondson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) W. (Last) Loane, Sr.

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-9-1880

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Loane

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Ida Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-0292 ~~Unknown~~

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Uremia	less 24 hrs.
ANTECEDENT CAUSE (S) DUE TO	Hypostatic pneumonia	10 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerotic heart disease	Years
	(C) Generalized arteriosclerosis	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senile arteriosclerotic nephrosclerosis	Years

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)** **21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)**

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21E. INJURY OCCURRED While at work ☐ Not while at work ☐** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6-14-, 19 54 to 6-24-, 19 54 that I last saw the deceased alive on 6-24-, 19 54, and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE Ethel B. Heymann-Green M.D. M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **DATE THEREOF** 6/28/54 **NAME OF CEMETERY OR CREMATORY** Loudon Park **LOCATION (City, town, or county) (State)** Balto. Md.

DATE REC'D BY REGISTRAR 6/25/54 LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Dorothy E. Stansbury ADDRESS 2700 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05294

5328 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 11 yrs. 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 735 N. Kenwood Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Lulu		Maas	June 7, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Separated	12-25-1887	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gustav Storck	Dorothy Metzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331.X

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cau e stating underlying cause last	(b) Passive congestion of lungs	
DUE TO		
	(c) Cerebral accident	5 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Cerebral accident — 5 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1-18-, 1954, to 6-7, 19 54, that I last saw the deceased alive on 6-5-, 19 54, and that death occurred at 1.30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Spring Grove State Hospital, Catonsville 28, Maryland 6-7-54

23. BURIAL, CREMATION, REMOVAL: (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 9-1954	Parkwood Cemetery	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-8-54	A. W. Hedrich dmr.	John R. Mills	2334 Jefferson St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05295

5329

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HALL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 20 RIVER SIDE RD.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) MAY (Last) MADDOCK

4. DATE OF DEATH: (Month) JUNE (Day) 13 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: FEB 17-1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALEXANDER BROWN

14. MOTHER'S MAIDEN NAME: ELIZ. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: JOHN MADDOCK SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral haemorrhage — Interval between onset and death: 36 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1954, to June 13, 1954, that I last saw the deceased alive on June 12, 1954 and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harvey L. Fuller MD Ridge Rd Balt-6 md June 14/54

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF 6/15/54

NAME OF CEMETERY OR CREMATORY HAYS CEM

LOCATION (City, town, or county) (State) EASTON PA.

DATE REC'D BY LOCAL REG. 6/15/54

REGISTRAR'S SIGNATURE David Hurley

24. FUNERAL DIRECTOR JOHN G CONNELLY

ADDRESS ESSEX MD.

VS. A15 8-51

RECEIVED
JUN 16 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05296

5330 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN TOWSON
LENGTH OF STAY (in this place) 5 do
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ~~216 Nine~~
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington dc 4th
STREET ADDRESS (If rural give location) 1316 New Hampshire Ave NW

3. NAME OF DECEASED: (Type or Print) (First) Adlai (Middle) Morton (Last) Mann (MAN)
4. DATE OF DEATH: (Month) June (Day) 27th (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 25, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Broker
10b. KIND OF BUSINESS OR INDUSTRY: real Estate
11. BIRTHPLACE (State or foreign country): Wilkes Barre, Penn.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Eugene Mann
14. MOTHER'S MAIDEN NAME: Sarah Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1917-1918
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
583X
Immediate cause (a) Myocardial degeneration
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pulmonary edema
DUE TO
(c) Hepatitis

Interval Between Onset And Death
(a) Term
(b)
(c) 4 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive Manic Psychosis 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1954, to June 27, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 6 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Sheppard Pratt Hosp. Towson Md DATE SIGNED 6/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-30-54
NAME OF CEMETERY OR CREMATORY Arlington Nat Cem
LOCATION (City, town, or county) Arlington (State) Va
DATE REC'D BY LOCAL REGISTRAR June 27, 1954
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3301-14 St NW

1934

BUREAU V[illegible] S[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05297

5331 CERTIFICATE OF DEATH Reg. Dist. No. 4-C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 6 hrs.30min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 706 East 30th Street

3. NAME OF DECEASED: (Type or Print) (First) JUAN (Middle) (NMI) (Last) MANUEL

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 2-20-73

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Odd Jobs

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cuba

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Juan Manuel

14. MOTHER'S MAIDEN NAME: Carera MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) S.A.W.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) BILATERAL SUBDURAL HEMATOMA AND SCATTERED

ANTECEDENT CAUSE (S) SMALL HEMORRHAGES IN BRAIN STEM

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

5:20 P.M. 11:50 P.M.

22. I hereby certify that I VA attended the deceased from June 8., 1954, to June 8., 19.54, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDERGRIFT, M.D.

ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 6-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6-12-54

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/10/54

REGISTRAR'S SIGNATURE: G.W. Sedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05298

5332 CERTIFICATE OF DEATH Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Glyndon
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glyndon
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snow Hill Tufton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: Glyndon
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glyndon
STREET ADDRESS (If rural give location) Glyndon Snow Hill Tufton Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William Young (Last) Martin

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 28th 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago Ill

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Samuel K. Martin

14. MOTHER'S MAIDEN NAME: Louisa Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. J. W. Y. Martin Glyndon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Defunction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Artery Heart Disease DUE TO

(c)

Interval Between Onset And Death: Immediate 6 yrs.

420.1

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 37 to June 25, 19 54 that I last saw the deceased alive on June 24 19 54, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Warde B. Colvin M.D. 6 E. Eager St. Balto 6-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 26 1954 NAME OF CEMETERY OR CREMATORY St Thomas' LOCATION (City, town, or county) (State) Harrison Forest Md

DATE REC'D BY LOCAL REGISTRAR June 26 1954 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Henry Watkins & Sons ADDRESS 4905 York Rd

VS. A15

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05299

5333 CERTIFICATE OF DEATH

Reg. Dist. No. 4K

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum Heights
STREET ADDRESS (If rural give location) 203 Longcross Road ✓

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) W. (Last) McCAIN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/2/97

9. AGE last birthday: 56 yrs. (IF UNDER 1 YEAR: Months, Days) (IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: American Co

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter G. McCain

14. MOTHER'S MAIDEN NAME: Elizabeth Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 218 01 2342

17. INFORMANT & ADDRESS: Clin,Rec,Vet,Adm,Hosp.,Ft,Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) RIGHT CEREBRAL INFARCT — (INTERVAL BETWEEN ONSET AND DEATH) UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 27, 1954, to June 4, 1954 and that death occurred at 1:50P M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH FT. HOWARD, MD DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF June 8/54

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Balto. Maryland, zone 29

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry H. Witzke ADDRESS 4101 Edmondson Ave Balto. Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05300

5334 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard,
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole
STREET ADDRESS (If rural give location) Box 1087, Route 4

3. NAME OF DECEASED: (Type or Print) (First) PALESTINE (Middle) G. (Last) McPHERSON

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5/16/15

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Cleans buildings

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Crawford McPherson

14. MOTHER'S MAIDEN NAME: Fredretha Parhen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 220-07-1932

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

IE. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ACUTE PANCREATITIS — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 29, 1954 to June 1, 1954, and that death occurred at 5:10 PM, from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift, M.D. ADDRESS: M. D. VAH, Fort Howard, Maryland DATE SIGNED: 6-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/5/1954

NAME OF CEMETERY OR CREMATORY: Annapolis National Cemetery

LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR: June 4, 1954

REGISTRAR'S SIGNATURE: Dawson L. Fiefer

24. FUNERAL DIRECTOR ADDRESS: Mrs. Charles E. Hicks Funeral Home, 4345 N. West St., Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 7 1954
BUREAU V. S.

5331 MARYLAND STATE DEPARTMENT OF HEALTH 05301

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 505 Fairview Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 505 Fairview Avenue

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 7, 1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ? Heller

14. MOTHER'S MAIDEN NAME: Minnie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Christina Clark 513 S. 48thSt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma — Interval between onset and death: 2 mo

Antecedent cause(s) (b) involving liver, origin undetermined

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 3, 1954, to June 6, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 6 55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Lynch MD — ADDRESS: 423 Eastern Ave Essex 21, Md — DATE SIGNED: 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 10, 1954 — NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-8-54 — REGISTRAR'S SIGNATURE: Wm. Hetland Dun

24. FUNERAL DIRECTOR: H. SANDER & SONS, INC. — ADDRESS: Balto., Md.

Geo. H. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05393

5336

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. | MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE | LENGTH OF STAY (in this place) 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY ~~BALTO.~~

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural, give location) 3937 "D" CLARKS LANE

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	JENNIE		MILLER	6	5	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	S	3-22-05	49 yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY WORK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB Miller

14. MOTHER'S MAIDEN NAME: SOPHIE FINEBERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Mamie Hornstein 3937 Clarks Lane APT D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
434.1 Immediate cause	(a) ACUTE CONGESTIVE CARDIAC	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) FAILURE — RHEUMATIC HEART	
	DUE TO	
	(c) DISEASE INACTIVE — PYELITIS	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour, M.) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1954, to 6-5-, 1954, that I last saw the deceased alive on 6-5-, 1954 and that death occurred at 5:05A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harold E. Edwards MD Spring Grove Hospital 6-5-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 6/54	Progressive Sub a Relief Ass.	Hamilton Ave Rosedale Md

DATE REC'D BY LOCAL REC. | REGISTRAR'S SIGNATURE

JUN 6 - 1954 ~~Huntington Williams M.D.~~ Victor E. Harvey Asst.

24. FUNERAL DIRECTOR ADDRESS

W. Lennox Brown 1124 N. Monta ave

JUN 8 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05304

5337 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalesing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 714 Aequith St

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E (Last) Pittendorff

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 25 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Photographer

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David J. Wilkes

14. MOTHER'S MAIDEN NAME: Mary E Altwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Chas. E Harrison 4803 Towson ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Acute Myocardial infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Ch Degenerative Cardio Vascular disease

DUE TO (c) Carcinoma Left breast - Metastasis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1954, to 5/21, 1954, that I last saw the deceased alive on 5/21, 1954, and that death occurred at 6/5/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.L Homestead M.D. 204 E Biddle st 6/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 7/54 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Balto. Md

DATE RECD BY LOCAL REGISTRAR 6/7/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. J. Jenkins Sons Co — ADDRESS 4905 York Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05305

5338

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 -

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) | LENGTH OF STAY (In this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 WELLS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SAME COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VERA	ADAMS	MOORE	6	8	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	MARRIED	SEPT. 10, 1894	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	PENNA.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. A. ADAMS	ANNIE I. KENSINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	NONE	EDW. M. MOORE, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	2 years
	(c) Carcinoma of cervix of uteri	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1952, to June, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D.	Spencer Point Md	6-8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6-11-54	OAK LAWN	BALTO. CO., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 10 54	Dawson L. Harbor	Wm. Rankin Bradley	Dundalk, Md.

RECEIVED
JUN 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06283

5339 CERTIFICATE OF DEATH Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford
LENGTH OF STAY (in this place) 17 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monkton PO, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford
STREET ADDRESS (If rural give location) Monkton P.O. Md

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Agnes (Last) Naylor

4. DATE OF DEATH: (Month) (Day) (Year) June 30 1954

5. SEX: female 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married 8. DATE OF BIRTH: Aug. 1, 1888 9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife 10b. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Balto Co. Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marvel C. Merryman 14. MOTHER'S MAIDEN NAME: Rebecca Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Peter Henry Naylor, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1940., to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 1 0 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. M. Francis M.D. Parkton Md. 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-3-54 NAME OF CEMETERY OR CREMATORY Hereford Baptist LOCATION (City, town, or county) (State) Monkton, Md.

DATE REC'D BY LOCAL REGISTRAR 7-7-54 REGISTRAR'S SIGNATURE Arnold W. Markline 24. FUNERAL DIRECTOR J. Scott Brooks ADDRESS Sparks, Md.

RECEIVED
JUL 12 1954
BUREAU V. S.

5244 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05307

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 300 Sollers Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 300 Sollers Point Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hillary		Neal	6/14/54		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	6/29/72	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Bldg. Trades	Charles Co., Maryland	Chas. Co.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Adeline Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Sarah Williams, 300 Sollers Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic form of disease	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Embolism	6 days
	(c) Senility senseral debility	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chr. Insufficiency of Lungs Gut	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on June 14, 19 54, and that death occurred at 5:P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: 1422 E. Chase St — DATE SIGNED: 6/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/16/54	Mount Calvary	A.A.CO., Md

DATE REC'D BY LOCAL REG. 6-16-54 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05308

5340 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mitchellsville, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) (NMI) (Last) NICHOLSON

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorsed
8. DATE OF BIRTH: 9/7/89
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fitter
10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Revdy Nicholson
14. MOTHER'S MAIDEN NAME: Annie Tydings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 214-14-0611
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) TRANSITIONAL CELL CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that ☒ attended the deceased from June 24 1954, to June 29, 1954 and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman
ADDRESS IRVING FREEMAN, M.D. Acting Chief, Medical Service VAH, FORT HOWARD, MARYLAND
DATE SIGNED 6-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 6-30-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Md.

SHIPPED TO: W.W. Chambers Co. 1400 Chapin St. Washington, D. C.

Film#G167 Item# 8
6/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

5341

2411 N. Charles Street, Baltimore

05309

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Old Home Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 500 Old Home Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) John (Last) Niemeyer

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 10 1897

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Can Co.

11. BIRTHPLACE (State or foreign country): Wilkes Barre Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William F. Niemeyer

14. MOTHER'S MAIDEN NAME: Sabina Ackermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 177050803

17. INFORMANT AND ADDRESS: Elizabeth I. Niemeyer 500 Old Home Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval between onset and death: 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute ant. myocardial infarction — 10 days.

(c) Arteriosclerotic coronary heart disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) —

(COUNTY) —

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1953, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles M. Van MD

ADDRESS 6801 Belair Rd

DATE SIGNED June 3, 54.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: JUNE 5 1954

NAME OF CEMETERY OR CREMATORY: PARKWOOD CEM

LOCATION (City, town, or county) (State): TAYLOR AVE MD.

DATE REC'D BY LOCAL REG.: 6-4-54

REGISTRAR'S SIGNATURE: G. W. Kuenzig

24. FUNERAL DIRECTOR: Wuffel Bros.

ADDRESS: 7110 BELAIR RD.

VS. A15

5246

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

053i0

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING — PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto — STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural, give location): 1715 Summit ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) John (Last) Nowakowski
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan 11, 1942
9. AGE last birthday: 12 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Balto Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph F Nowakowski
14. MOTHER'S MAIDEN NAME: Stella V Postawicz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Jos F Nowakowski 1715 Summit ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) while swimming

(c) accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING — CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: river
(CITY OR TOWN): Halethorpe (COUNTY): Balto (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 14 54 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drowning while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ✓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title): Geo F. Kieffer M.D. — ADDRESS: Dept Med Balto Gen. Balto Co. 1010 Leeds ave — DATE SIGNED: 6-14-54

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 6-18-54 — NAME OF CEMETERY OR CREMATORY: Balto Memorial — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: June 16 54 — REGISTRAR'S SIGNATURE: Geo Kieffer — 24. FUNERAL DIRECTOR AND ADDRESS: Howard H Hubbard 6410 Belkmont ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05311

5342 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 28 — LENGTH OF STAY (in this place) 11yrs. 3 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) BERTINIUS (Middle) (Last) Oakland

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 19, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tobias Hawkinson Oakland

14. MOTHER'S MAIDEN NAME: Bergetta Hatlestad

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease

DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1943, to June 12, 1954, that I last saw the deceased alive on June 17, 1954, and that death occurred at 4:30 pm; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Spring Grove State Hosp., Catonsville, Md - Sara E. Bennett, MD 6-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF June 14, 1954

NAME OF CEMETERY OR CREMATORY Wilson Funeral Home

LOCATION (City, town, or county) Racine, Wisconsin (State)

DATE REC'D BY LOCAL REGISTRAR 6-14-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS John A. Moran, 3000 E. Balto St. Balto., Maryland

5343 MARYLAND STATE DEPARTMENT OF HEALTH 05312

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg | LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 Dale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 312 Dale Ave

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) T. (Last) O'Connell
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5/9/76
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Heliher
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Paul Devon — 312 Dale Ave Balto 6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent strokes Last 3 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 5:30 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) — ADDRESS 6801 [illegible] — DATE SIGNED June 9, 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/9/54 — NAME OF CEMETERY OR CREMATORY Mt. Carmel — LOCATION (City, town, or county) Williamsport Pa — (State) Md.

DATE REC'D BY LOCAL REG. June 6-54 — REGISTRAR'S SIGNATURE Mrs. M. E. Reffsnider

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 1401 Belair Rd Balto Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Kerr
5434 V. L. Pl.
S[illegible] Dr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05313

5344 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 CHESCO AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES CREEK
STREET ADDRESS (If rural, give location) 7314 GEIS AVE

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) J (Last) O'DANIELL

4. DATE OF DEATH: (Month) JUNE (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: JULY 13-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL ROOM

10b. KIND OF BUSINESS OR INDUSTRY: BATH STEEL

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WM. GREEN O'DANIELL

14. MOTHER'S MAIDEN NAME: MARY E CORALS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: WM. F O'DANIELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic left ventricular failure — Interval Between Onset and Death: 3 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Severe kyphosis (thoracic) — 50 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to June, 1954, that I last saw the deceased alive on June 17, 1954, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

8019 Philadelphia Rd. Ba lt. 6, 6-21-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 6/21/54

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG. 6-21-54

REGISTRAR'S SIGNATURE

M. FUNERAL DIRECTOR ADDRESS JOHN G CONNELLY

ESSEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05314

5345 CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Walker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 27 Walker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Katherine (Last) Ortman

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1954

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 12-25-1867 — 9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired school teacher — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Hancock Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jarmial Ortman — 14. MOTHER'S MAIDEN NAME: Louise K. Holbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT & ADDRESS: Stella R. Abbott. 27 Walker Ave.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1		
Immediate cause	(a) Chronic Myocarditis	1 yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	5 yrs.
	DUE TO (c) Generalized Art. Sclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to June 2nd, 1954, that I last saw the deceased alive on June 1st, 1954, and that death occurred at 8.45 A.M., from the causes and on the date stated above.

SIGNATURE James R. Miller (Degree or title) Dr — ADDRESS Pikesville 8, Md — DATE SIGNED 6/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-5-54 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/5/54 — REGISTRAR'S SIGNATURE H R Mitchell — 24. FUNERAL DIRECTOR Frank A. Nuerk — ADDRESS Pikesville Md.

RECEIVED
JUN 8 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05315

5346 CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 174 Cherrydell Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 174 Cherrydell Rd.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) LAWRENCE (Last) PARKER

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 18, 1868
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: T. Richard Lawrence
14. MOTHER'S MAIDEN NAME: Elizabeth Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Lawrence Parker - 3414 Carlisle Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1947 to 6/11, 1954 that I last saw the deceased alive on 6/10, 1954 and that death occurred at 6:45 P.M, from the causes and on the date stated above.

SIGNATURE Robert A. Reiter M. D. ADDRESS 340 E Windsor Ave DATE SIGNED 6/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/14/54
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: JUN 14 1954
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
24. FUNERAL DIRECTOR: William J. Lichau & Sons
ADDRESS: Pa. Ave.

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05316

5347 CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cockeysville; LENGTH OF STAY in this place 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monkton (Rural); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Myers (Last) Pearce

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 54

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower | 8. DATE OF BIRTH: Oct 8, 1873 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm owner | 10b. KIND OF BUSINESS OR INDUSTRY: farm | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob M. Pearce | 14. MOTHER'S MAIDEN NAME: Laura A. Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) World War I 9-2-1918 — 11-30-1918 | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs. Gordon A. Pearce, Monkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Vascular disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 5 to June 11, 19 54, that I last saw the deceased alive on 6/10, 19 54, and that death occurred at 6 [illegible] from the causes and on the date stated above.

SIGNATURE A. M. France | (Degree or title) M.D. | ADDRESS Monkton Md. | DATE SIGNED 6/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-12-54 | NAME OF CEMETERY OR CREMATORY St. James Episcopal | LOCATION (City, town, or county) (State) Monkton, Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 11 June 1954 Anne Armistead MacRae | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Sparks, Md.

VS. A15

RECEIVED
JUN 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5348 CERTIFICATE OF DEATH

Reg. Dist. No. 05317 / 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxen Hill Washington D.C. - 16 X-2
STREET ADDRESS (If rural give location) 4928 Neal Drive S.E.

3. NAME OF DECEASED: (Type or Print) (First) Olivia (Middle) C. (Last) Pena

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: ?
9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): ? Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? UNKNOWN
14. MOTHER'S MAIDEN NAME: ? UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MRS. THELMA Pena - ABOVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27/54, 19..., to 6/30/54, 19..., that I last saw the deceased alive on 6/30/54, 19..., and that death occurred at 1 SA M, from the causes and on the date stated above.
SIGNATURE Charles Ward M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 6/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Removal
DATE THEREOF 6/30/54
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) (State) MARTINSBURG, W. VA.

DATE REC'D BY LOCAL REGISTRAR 6/30/54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS Howard K. Brown Martinsburg, W. Va.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05318

5349

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO (19) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES' CREEK
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2133 LINCOLN AVE (19)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SAME COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ROBERT (Last) PHILLIPS, SR

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-5-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILERMAKER

10b. KIND OF BUSINESS OR INDUSTRY: SHIPBUILDING + MAINT.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PHILLIPS

14. MOTHER'S MAIDEN NAME: EMELIE SPITZLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ROSA PHILLIPS - WIFE - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic H.T. Disease	5 yrs.
	(c) Diabetes Mellitus	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to June 12, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE: James V. Means (Degree or title) M.D. ADDRESS 520 N. St. Balt. 19 Md DATE SIGNED 6-13 54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE 6-15-54 | NAME OF CEMETERY OR CREMATORY: WOODLAWN | LOCATION (City, town, or county) (State): BALTO. Co. Md.

DATE REC'D BY LOCAL REG. June 15-54 | REGISTRAR'S SIGNATURE: Dawson L. Porter

24. FUNERAL DIRECTOR: Wilkinson Bros. Bradley, Hamblet, Md. ADDRESS

VS. A15

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05319

5350 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Nunnery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1838 W. Fairmount Ave

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) G. Plein, or (Last) Etta G. Plein

4. DATE OF DEATH: (Month) June (Day) 5/54 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 14, 1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Selff

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Myrtle Adkins, 116 Nunnery Lane

18. MEDICAL CERTIFICATION — Catonsville, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of sigmoid — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: March 4, 1953

19b. MAJOR FINDINGS OF OPERATION: Cancer of sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1954, to 6/5, 1954, that I last saw the deceased alive on 6/5, 1954, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Keller MD — ADDRESS 1030 Walbrook Ave — DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 8/54 — NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR: Harry Weinfeld — ADDRESS: 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05320

5351

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 45 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnnycake Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) Johnny cake Road.

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) None. (Last) Plotkin

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1888

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Isreloff.

14. MOTHER'S MAIDEN NAME: Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Abraham Plotkin - Johnnycake Rd. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Angina Pectoris - Coronary Occlusion — Interval Between Onset and Death: 1 yr. + 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 3½ yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cystitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1950, to 6/13, 1954, that I last saw the deceased alive on 6/12, 1954, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE: Samuel Morrow (Degree or title) MD ADDRESS 11 E Chase St (2) DATE SIGNED 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: June 14/54; NAME OF CEMETERY OR CREMATORY: Hebrew Young Mens; LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. 6-18-54; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Sol. Levinson & Bro. ADDRESS 1126 W. North Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05321

5352 CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6824 Windsor Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) 6824 Windsor Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) A. (Last) RAUCH

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 4, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Albrecht

14. MOTHER'S MAIDEN NAME: Elizabeth Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Elizabeth A. Rauch-6824 Windsor Mill Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Thrombosis — 4 mon.

DUE TO

(C) Generalized Arteriosclerosis — Indefinite

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1954 to June 3, 1954 that I last saw the deceased alive on May 30, 1954, and that death occurred at 12:30 P M, from the causes and on the date stated above.

SIGNATURE (Edward) J. Cotter M. D. ADDRESS 6 E. Read St. DATE SIGNED June 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/7/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR JUN 5 - 1954 | REGISTRAR'S SIGNATURE Thos. E. Marlow M.D. | FUNERAL DIRECTOR Wm. J. Wiesner & Sons | ADDRESS Balto 17 Md.

RECEIVED
JUN 8 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05322

5353 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 113 Denver Street

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) (NMI) (Last) REAVES

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/18/94

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Chemical Company

11. BIRTHPLACE (State or foreign country): Mullins, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rinzel Reaves

14. MOTHER'S MAIDEN NAME: Maggie Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 218 10 2157

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 19 54 to June 17, 19 54 that I last saw deceased alive on and that death occurred at 3:45AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D. Acting Chief, Medical Service, VAH, Fort Howard, Md. 6/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 6-21-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-21-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Elroy Wilson Funeral Home, 601 N. Hamburg Ave, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05323

5247 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2215 Sulphur Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2215 Sulphur Spring Road

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) E. (Last) REED

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 21, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John M. Eakman

14. MOTHER'S MAIDEN NAME: Harriet E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. John M. Eakman, 2215 Sulphur Spring Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1953, to 6-11, 1954, that I last saw the deceased alive on 6/4, 1954, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John P. Ulrich, Jr M D 1227 Wash. Blvd 6-14-54

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 6/15/54

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6-15-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc.

ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05324

5354 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 60 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 Jefferson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 423 Jefferson Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Reed

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 19 54.

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2 Aug. 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Stationary

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? Yes.

13. FATHER'S NAME: ? Reed

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Bessie Ellen Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute coronary occlusion & thrombosis	15 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Arteriosclerotic C.V.D.	c 3 yrs.
	(c) DUE TO Chronic congestive heart failure	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple Sclerosis	20 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ,19 53, to 16 June, 19 54, that I last saw the deceased alive on 16 June 19 54, and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE Robert L. Abraham (Degree or title) M.D. ADDRESS 11 Allegheny Ave Towson 4 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 28, 1954

NAME OF CEMETERY OR CREMATORY Pleasant Rest

LOCATION (City, town, or county) Towson Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6-28-54

REGISTRAR'S SIGNATURE H.H. Hessian

24. FUNERAL DIRECTOR Funeral Home ADDRESS 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

5355 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05325

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney — LENGTH OF STAY (In this place) 1.7 L
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3429 E Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney (If rural, give location)
STREET ADDRESS 3429 E Joppa Rd Balto Md 54

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) James (Last) Reichart

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 1-1909

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Sand Business

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Reichart

14. MOTHER'S MAIDEN NAME: Emma E Mayle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs R J. Reichart 3429 E Joppa Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Collin L. Hudson — (Degree or title) M.D. D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 6/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/12/54 — NAME OF CEMETERY OR CREMATORY: Meraland M.P. Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 6-10-54 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd Balto 6.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05326

5356 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7 yrs. 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 602 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Russell

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-25-1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Russell

14. MOTHER'S MAIDEN NAME: Emily J. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cerebral hemorrhage, left middle meningeal	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cerebral arteriosclerosis	Years
	DUE TO (C) Generalized arteriosclerosis	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28-54, 19..54 to 6-30-54, 19..54 that I last saw the deceased alive on 6-30-54, 1954., and that death occurred at 8:35 P.M., from the causes and on the date stated above.

SIGNATURE Ethel B Herrmann-Greer M.D. M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 6-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 3, 1954	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-2-54	A. W Anderson	Leonard J. Ruck,	5305 Harford Road #14

Film#G167 Item# 13,14
6/22/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5357

CERTIFICATE OF DEATH

05327

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE 3907 Huston Rd COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) B (Last) RUTHENBERG
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 22, 1888
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leon Hamernick
14. MOTHER'S MAIDEN NAME: Anna unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Meyer Ruthenberg - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death)	(a) Pulmonary Edema, Heart failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic C V D.	?
	(c) Kimmelstiel - Wilson Syndrome	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 53, to June 9, 19 54, that I last saw the deceased alive on June 9, 19 54 and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph C. Hatcher M.D. ADDRESS 3623 Liberty Hgts DATE SIGNED June 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-10-1954
NAME OF CEMETERY OR CREMATORY: Mt Carmel
LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 6-10-54
REGISTRAR'S SIGNATURE: A.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Jack Lewis Inc - 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5358

05328

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: REISTERSTOWN
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: REISTERSTOWN
STREET ADDRESS (If rural, give location): FIRST AVE.

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) BOY (Last) RUTHERFORD

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JUNE 21, 1954

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM FORD RUTHERFORD

14. MOTHER'S MAIDEN NAME: ANNA MARIE GARTLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MOTHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PREMATURITY — 15 MINUTES

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CONGENITAL DISLOCATION RT. FEMUR

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 19 54, to June 21, 19 54, that I last saw the deceased alive on June 21, 19 54, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel — (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 6/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 22/54 — NAME OF CEMETERY OR CREMATORY: Resterstown — LOCATION (City, town, or county) (State): Resterstown

DATE REC'D BY LOCAL REG. 6-22-54 — REGISTRAR'S SIGNATURE: Mary B. Eline. — 24. FUNERAL DIRECTOR: J. F. Eline. Sons — ADDRESS: Resterstown Md.

1164273260

RECEIVED
JUN 24 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05329

5359 CERTIFICATE OF DEATH

Reg. Dist. No. 47

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2606 Talbot Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) AUGUST (Last) ST.JEAN

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-28-25

9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Fitter

10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.

11. BIRTHPLACE (State or foreign country): Arlington, Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward St.Jean

14. MOTHER'S MAIDEN NAME: Adele Guirlaume

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 218-14-8594

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 5 Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 12, 1954 to June 10, 1954 and that death occurred at 10:00AM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS M. O. VAH, FORT HOWARD, MARYLAND DATE SIGNED 6-10-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 14, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, or town, county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/14/54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS William J. Tickner & Sons Inc. North & Pa. Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

05350

5360

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 3mo 22d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berea
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fanny (Middle) (Last) Sanders

4. DATE OF DEATH: (Month) (Day) 4 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH: unk — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unk — 14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS: Spring Grove State Hosp. Catonsville 28 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure meth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis sclerotic heart disease

(c) prostatic Carcinoma Left lung 193.71

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture head of Left femur

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ — PLACE (Home, farm, factory, street, office bldg., etc.) Hospital — (CITY OR TOWN) Catonsville — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) May (Day) 15 (Year) 54 (Hour) 8-30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Slipped fell in bath room

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jas J. McKeever M.D. Deputy Balto Co 1010 Leadenhall June 5, 54

BURIAL, CREMATION OR MEDICAL SCHOOL — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State)

Burial — June 7-54 — Cedar Hill — Suitland — Md.

DATE RECD BY LOCAL REG. June 5-54 — REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR — ADDRESS

Simmons Bro. 1661 Good Hope Rd S.E. Wash. D.C.

JUN 8 1
BUREAU V. S

5361

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 05331

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rossville Md; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 156 Lennings Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto; STREET ADDRESS (If rural, give location) #156 Lennings Lane

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) C. (Last) Sauers

4. DATE OF DEATH (Month) (Day) (Year) June 5 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: NOV 5-1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Longs Packing House

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Louis Popiecki

14. MOTHER'S MAIDEN NAME: Sophia Rydzik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Sauers 156 Lennings Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Ingestion of Caustic Solution

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Lowe M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 6-6-54

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial DATE THEREOF 6/9/54 NAME OF CEMETERY OR CREMATORY Parkwood Cem LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. June 7-1954 REGISTRAR'S SIGNATURE Mrs M. Dr Reifsnider

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05332

5362 CERTIFICATE OF DEATH Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2129 OLD FREDERICK

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 2129 Old Frederick Rd

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) T. (Last) SCHERMERHORN

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/19/74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John TIMIANUS

14. MOTHER'S MAIDEN NAME: FANNIE CARROLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS WALTER McGLANNAN

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) "STROKE" -CEREBRAL HEMORRHAGE.	6. DAYS
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) CARDIOVASCULAR-RENAL DISEASE.	5 YEARS
DUE TO		
	(c) GENERALIZED ARTERIO-SCLEROSIS.	5 + YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28 ,1950, to 6-25 ., 19 54, that I last saw the deceased alive on 6-22 ., 19 54, and that death occurred at . . . . , from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson. M.D ADDRESS Catonsville Md DATE SIGNED 6/28/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/28/54 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) BALTO (State) MD

DATE REC'D BY LOCAL REGISTRAR 6/28/54 REGISTRAR'S SIGNATURE T.E. Harry

24. FUNERAL DIRECTOR MACNABB & SON ADDRESS

VS. A15

RECEIVED
JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05333

5363 CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Bentley Springs | LENGTH OF STAY (in this place) 68yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kaffman Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bentley Springs.
STREET ADDRESS (If rural give location) Kauffman Rd.

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) (Last) SIMPSON

4. DATE OF DEATH: (Month) (Day) (Year) June 10 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: July 10, 1885 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Trackman | 10b. KIND OF BUSINESS OR INDUSTRY: Pa. Railroad. | 11. BIRTHPLACE (State or foreign country): Bentley Springs, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Simpson. | 14. MOTHER'S MAIDEN NAME: Julia Rosier.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 717-07-6783 | 17. INFORMANT & ADDRESS: Mrs. Grace Simpson, Bentley Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cardio-Vascular-renal disease — Interval Between Onset And Death: 3yr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 51, to June 10, 19 54, that I last saw the deceased alive on 6/10, 19 54 and that death occurred at 6 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. W. Frame M.D Parkton Md. 6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 13 1954 | NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery | LOCATION (City, town, or county) (State) Freeland, Md.

DATE RECD BY LOCAL REGISTRAR 6/13/54 | REGISTRAR'S SIGNATURE Roberta L Poulton | 24. FUNERAL DIRECTOR J. Jacob Harlenstein | ADDRESS New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5364

CERTIFICATE OF DEATH

05334

Reg. Dist. No. 23

1. PLACE OF DEATH: Balto.
COUNTY 7420 Beach Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DEACEASED:
STATE 7420 Beach Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) Westley (Last) Sledge

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH:

9. AGE last Birthday: 55 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo Baumgardner MD Balto 6 Md 6/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-7-54 | NAME OF CEMETERY OR CREMATORY Mt. Calvary | LOCATION (City, town, or county) (State) Balto. Co.

DATE REC'D BY LOCAL REGISTRAR 6-4-54 | REGISTRAR'S SIGNATURE A W Hammond

24. FUNERAL DIRECTOR ADDRESS
Metropolitan Funeral Homes Inc
1949 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05335

MARYLAND 5365

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10013 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
STREET ADDRESS (If rural, give location): 10013 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Cecelia Marie (Last) Sommers

4. DATE OF DEATH: (Month) June (Day) 15th (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 13, 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Litz

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Myrtle Richards, 10013 Harford Road #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left. Hemaplegia — INTERVAL BETWEEN ONSET AND DEATH: May 15 - Jun 15

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Renal - Vascular Disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to June 15, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 11 50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Shannon M.D. — ADDRESS: 820 Medical Arts Bldg. Baltimore, Md. — DATE SIGNED: 6/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 18, 1954 — NAME OF CEMETERY OR CREMATORY: Balto National Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6-17-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford #1

5245 MARYLAND STATE DEPARTMENT OF HEALTH 05336

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) 18 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7246 Sollers Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	DAVID	SOUTHARD	6	25	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	7-27-1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MAINTENANCE	STEEL MFGR	N. CAROLINA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACKSON SOUTHARD	(?) FLOWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO NO	213-07-1687	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed by pedestal.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Dundalk	Balto	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Jan	25	54	5 P.M.		Fell out of tree picking cherries

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible], Deputy Medical Examiner — Balto Co Dundalk — 6/25/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6-28-54	MT. OLIVET	FREDERICK,	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-1954	William M Kelly	Walter Baden Bradley	Dundalk, Md.

VS. A15A

JUN 25
BU[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5366 CERTIFICATE OF DEATH

05337
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hollofield
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Woodlawn, Baltimore 7
STREET ADDRESS (If rural give location): Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) CARROLL (Last) STAUFFER

4. DATE OF DEATH: (Month) 6-18-54 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	1905	48		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bus Driver	Ho.Co.School	Maryland	

13. FATHER'S NAME: Artie E.Stauffer

14. MOTHER'S MAIDEN NAME: Ella N.Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		213-03-1974	Phyllis Stauffer, Woodlawn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 HRS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-19, 19 54 to 6-19, 19 54, that I last saw the deceased alive on 6-19, 19 54 and that death occurred at 2 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E Burgoyne M.D. ADDRESS Ellicott City DATE SIGNED 6/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-22-54	Good Shepherd	Ellicott City, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-21-54	August C Bussell	F.C.Higinbothom, Ellicott Cuty, Md

RECEIVED
JUN 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5367

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05338

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 914 Garden Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural, give location) 914 Garden Drive

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) A. (Last) Steinecker

4. DATE OF DEATH: (Month) 6- (Day) 25 - (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Dec. 18, 1894

9. AGE last birthday: 59 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Desor

14. MOTHER'S MAIDEN NAME: Anna Steinbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Willian N. Steinecker-914 Garden Drive Essex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. Bowie MD Asst. Pt. Med. Exam - Anne Arundel-Davis Co. Md 6/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/28/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: JUN 26 1954 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | FUNERAL DIRECTOR: Wm. J. Fidener & Sons | ADDRESS: Balto. 17, Md.

BUREAU V. S.

5368 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05339

Reg. Dist. No. 44

Baltimore

1. PLACE OF DEATH: COUNTY Harrison Point MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 614 I St.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Street (Last)

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 19 1897

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mundock Street

14. MOTHER'S MAIDEN NAME: Betty Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ira Street 614 I St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Dawn Dodd Dy Med Exam - Dundalk-2 - Md. 6/25/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 1 1957 | NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery | LOCATION (City, town, or county) (State) Balto. County Md.

DATE REC'D BY LOCAL REG. 6-29-57 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Wheatley & Leister Funeral Home | ADDRESS 1129 N. Caroline St

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5369 CERTIFICATE OF DEATH

Reg. Dist. No. 05340 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrison, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural give location) Garrison, Md.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LAUGHLIN (Last) SWOPE
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Feb. 27 1877	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Executive-Ret
10b. KIND OF BUSINESS OR INDUSTRY: TRANSIT Co.
11. BIRTHPLACE (State or foreign country): Osceola Mills, Penna
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Granville H. Swope
14. MOTHER'S MAIDEN NAME: Emma Buckingham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-9605
17. INFORMANT & ADDRESS: John L. Swope Jr. Garrison, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Urinary tract infection & Stricture DUE TO — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of prostate & metastasis DUE TO — 6 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1948 to June 24 1954, that I last saw the deceased alive on June 23 1954, and that death occurred at 3:55 AM from the causes and on the date stated above.
SIGNATURE Chas Randol MD (Degree or title) ADDRESS Pikesville 8 DATE SIGNED 6/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-25-1954 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville (State) MD
DATE REC'D BY LOCAL REGISTRAR 6-25-54 | REGISTRAR'S SIGNATURE C. C. Hartzell
23. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 York Rd. Balto., MD.

VS. A15

Film#6167 Item# 14
6/18/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05341

5370

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDR. Stella Maris Hospice

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2911 Strathmore Ave

3. NAME OF DECEASED (Type or Print): (First) Miss (Middle) M. (Last) Louise Thoman
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 9-1870
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore - Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Thoman
14. MOTHER'S MAIDEN NAME: Anna unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. McLuin Wilson - 2802 Glendale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder — Interval between onset and death: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to June, 1954, that I last saw the deceased alive on 6/11, 1954, and that death occurred at 7 10 A. m., from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell — (Degree or title) MD — ADDRESS 7501 York Rd Towson Md — DATE SIGNED 6/11/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF June 14-1954 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 6-11-54 — REGISTRAR'S SIGNATURE H. C. Hedrick — 24. FUNERAL DIRECTOR: Leonard J. Luck — ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5371

05342

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7902 Oakdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7902 Oakdale Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Otto (Last) Thomas
4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10 1895
9. AGE Last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Fidelity
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otto Thomas
14. MOTHER'S MAIDEN NAME: Eliz. Gerhold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1st W.W.
16. SOCIAL SECURITY NO.: 705-10-7121
17. INFORMANT AND ADDRESS: Emma L. Thomas 7902 Oakdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: 5 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 19 54, to 6/25, 19 54, that I last saw the deceased alive on 6/25, 19 54, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Nathan Janney M.D. 7101 Harford Rd. 6/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 28, 54
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Balto. Co.

DATE REC'D BY LOCAL REG. 6-28-54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Paul A. Heemann
ADDRESS: 6067 Harford Rd.

5372 MARYLAND STATE DEPARTMENT OF HEALTH 05343

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place): 4 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 13 E. Read St., ✓

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) V. (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year): June 10, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 5, 1877
9. AGE last birthday: 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles C. Poole
14. MOTHER'S MAIDEN NAME: Emma Trevilian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Julia Freund 13 E. Read St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular disease, Coronary thr. — 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C.P.C. Kidney & Liver. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1953 to June 10, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Dr. Edw. Toomey 120 E. Saratoga St Balto Md June 11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6-14-1954 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: JUN 13 1954 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 24. FUNERAL DIRECTOR — ADDRESS: H. Howard Strong 3207 W. North Ave.,

Vital Statistics

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05344

5373 CERTIFICATE OF DEATH Reg. Dist. No. 3 d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville, 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ? Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Maryland
STREET ADDRESS (Number and Location) 2234 St. Lukes Lane Co. Woodlawn, -altimore, Md.

3. NAME OF DECEASED: (First) Stanley (Middle) B. (Last) TIMANUS
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed.
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME: ~~unknown~~ Stan Timanus
14. MOTHER'S MAIDEN NAME: ~~unknown~~ Mary J. Niderman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Clayton Timanus - brother 2234 St. Lukes Lane, Baltimore 7, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Hypertensive cardiovascular disease with azotemia — unknown
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 1. Chronic brain syndrome associated with cerebrovascular disease m/b agitated depression — 20 years

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 19 54, to 11 June, 19 54, that I last saw the deceased alive on 11 June, 19 54, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Lindsey D. Campbell
Lindsey D. Campbell, M.D. Spring Grove State Hospital Baltimore 28, Md. 11 June 1954

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF June 15 1954 — NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery — LOCATION (City, town, or county) Randallstown Balto Co. (State) Md.

DATE REC'D BY LOCAL REG. 6-15-54 — REGISTRAR'S SIGNATURE A. W. Hedrick — FUNERAL DIRECTOR Phillips Kamorsal — ADDRESS 4510 Liberty Hghts Ave

MARYLAND STATE DEPARTMENT OF HEALTH

5374 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05345

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — MARYLAND — LENGTH OF STAY (In this place) 39 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — STREET ADDRESS 1019 J. St. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Lee	(Last) Spence	4. DATE OF DEATH (Month) June	(Day) 4	(Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Colored	Married	Jan. 2 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bethlehem Steel Co	Cheraw S. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Alexander Spence	Lizzie Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Augusta Spence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenocarcinoma of Sigmoid	Oct 1953
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to liver & cystic degeneration	Dec 1953
	(c) Cachexia	May 1954
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 19 1954	Exploratory Lap. Metastasis to liver	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE T. N. Thiteni (Degree or title) MD — ADDRESS 1422 E. Chase St — DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 7 1954	Christ Reform Ref.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/54	A. W. Hedrick M.D.	Wm. H. H. Truitt & Sons	1129 Milton Ave.

VS. A15A

5375

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 05346

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. (19) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place) 1 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3100 Alto Fynch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) A. (Last) TUCKER

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: July 4 1875

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Sundalk Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOSEPH W. TUCKER

14. MOTHER'S MAIDEN NAME: MAMIE WEEKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 213-07-8590

17. INFORMANT & ADDRESS: VERA C. TUCKER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — about 1½ hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive cardio Vascular

DUE TO

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) June (Day) 15 (Year) 54 (Hour) 3 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 6-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-18-54

NAME OF CEMETERY OR CREMATORY New Calvert

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. June 18-54

REGISTRAR'S SIGNATURE Lawson L. Harbor

24. FUNERAL DIRECTOR Walter Hunter Bradley, Dundalk, Md.

ADDRESS

VS. A15A - 5 - 53

Items 6, 7: Film B168 7/6/54 C

STATE OF MARYLAND—CERTIFICATE OF DEATH

05347

1. PLACE OF DEATH 5376

County Baltimore — Registration Dist. No. 21

Village or City Long Beach — No. Chesapeake Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U.S. if of foreign birth? ...yrs...mos...ds.

2. FULL NAME CHARLES G. ULRICH — If U. S. Veteran, specify WAR /

(a) Residence: No. Box 239 Route 15, Baltimore 20, Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Ulrich

6. DATE OF BIRTH (month, day, and year): Oct 19, ~~1878~~ 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Florist Business

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Erdman & Ulrich Wholesale Florist.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: August Ulrich

14. BIRTHPLACE (city or town) (State or country): Gremany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Elizabeth Ulrich -wife Box 239 Route 15, Baltimore, 20, Md

18. BURIAL, CREMATION, OR REMOVAL — Place: Bruid Ridge Cemetery — Date: June 10, 1954

19. UNDERTAKER (Address): Schimunek Funeral Home 2601-03-05 E. Madison Street

20. FILED 6-9-, 19 54 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 7 (Day) 19 54 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1953, to June 7, 1954

I last saw him alive on June 6, 1954, death is said to have occurred on the date stated above, at 10:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung	11-22-53
Metastasis to adrenal	

Other Contributory Causes of Importance:

Name of operation: None — Date of:

What test confirmed diagnosis? Path. Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None — Date of Injury: None 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of Injury: None

Nature of Injury: None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: None

(Signed) F. G. Schimunek M. D.

(Address) 842 S. East Ave. Baltimore 24, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5377

05348

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHADY NOOK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE OHIO COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STEUBENVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) WALKER

4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH AUG. 5, 1875

9. AGE last birthday 78 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH BASLER

14. MOTHER'S MAIDEN NAME MARY MAC ELVANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Virginia Lovejoy - Shady Nook Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 4 yrs.

(c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to 6-13, 1954, that I last saw the deceased alive on June 14, 1954 and that death occurred at 12 35 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. J. Beer. Jr. — ADDRESS 6 Dutton Ave. Catonsville Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE 6-13-54 — NAME OF CEMETERY OR CREMATORY Union Cem. — LOCATION (City, town, or county) Steubenville (State) Ohio

DATE REC'D BY LOCAL REG. 6-13-54 — REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR Geo. A. Farley, Catonsville, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 WC 05349

5378 CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1620 Presbury Street

3. NAME OF DECEASED: (First) WILLIE (Middle) (Last) WALKER (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/21/97

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Setter

10B. KIND OF BUSINESS OR INDUSTRY: Tree & Plant Co.

11. BIRTHPLACE (State or foreign country): Luston, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Walker

14. MOTHER'S MAIDEN NAME: Belle (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-10-3902

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF THE STOMACH WITH GENERALIZED

ANTECEDENT CAUSE (B) METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1954, to June 5, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 8:35A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: Clyde B. Cope, M. D. VAH FT. HOWARD, MD

DATE SIGNED: 6/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: June 9, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-7-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: GEORGE KELSON ADDRESS: 1303 Presstman St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05350

5379 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 3043 Putty Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillye (Middle) Cecelia (Last) Warner
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: June 24, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Fallston Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. Preston
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Tucker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Willard Warner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Cerebral hemorrhage ..... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Arteriosclerotic CVD DUE TO

(c)

Interval Between Onset And Death: 4 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1954, to June 28, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold A. Groth, M.D. 8100 Harford Rd 6/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 1-1954
NAME OF CEMETERY OR CREMATORY Friendship Meth.
LOCATION (City, town, or county) (State) Fallston Md Md

DATE REC'D BY LOCAL REGISTRAR 7/1/54
REGISTRAR'S SIGNATURE Dr. A. M. Bacon
24. FUNERAL DIRECTOR ADDRESS W. H. Archer

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05351

5380

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2008 E. Lafayette Avenue

3. NAME OF DECEASED: (First) GEORGE (Middle) P. (Last) WARREN

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-23-06

9. AGE last birthday: 48 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Woodsdale North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Warren

14. MOTHER'S MAIDEN NAME: Mildred Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 213-07-4039

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A): CARCINOMA OF LUNG WITH GENERALIZED

ANTECEDENT CAUSE (B): ~~DUE TO~~ METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B):

(C):

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 3, 1954, to June 15, 1954 [redacted] SIGNATURE, and that death occurred at 8:20P M, from the causes and on the date stated above.

IRVING FREEMAN, M.D. Acting Chief Medical Service — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 6-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: June 18, 1954

NAME OF CEMETERY OR CREMATORY: Prospect Baptist Church

LOCATION (City, town, or county) (State): Roxboro, North Carolina

DATE REC'D BY LOCAL REGISTRAR: 6-17-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Elliott, Mrs. & Daughter Funeral Home, 1129 N. Caroline St. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05352

5381 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1714 Barclay Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) W (Last) WASHINGTON

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-24-91

9. AGE last birthday 62 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Washington

14. MOTHER'S MAIDEN NAME: Liza Flag

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-17-5444

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CORONARY ARTERIOSCLEROSIS WITH THROMBOSIS — UNKNOWN

DUE TO

(C) HYPERTENSIVE CARDIOVASCULAR DISEASE — 3 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from April 21 1954, to June 17, 1954, and that death occurred at 10:51 A M, from the causes and on the date stated above.

SIGNATURE AND TITLE: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: VAH, FORT HOWARD, MD. DATE SIGNED: 6/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-21-54 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): 5501 Frederick Ave, Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 19 1954 — REGISTRAR'S SIGNATURE: R-W.

24. FUNERAL DIRECTOR AND ADDRESS: The Howard Blight Home 6009 Harford Rd Balto. 14, Md
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05353

5382 CERTIFICATE OF DEATH Reg. Dist. No. 5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 93 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 7421 E. North Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) Edward (Last) WEST

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 11/17/92 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter West
14. MOTHER'S MAIDEN NAME: Adelaide Balls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-12-8204 Unknown
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA LEFT ADRENAL; EXTENSIVE METASTASIS TO BONE, LIVER AND LUNGS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 9 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 19 54 to June 23, 19 54 [illegible] and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 6/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-26-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Ritchie Highway Balto, Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Funeral Home 5305 Harford Rd. Baltimore, Md.

5383 MARYLAND STATE DEPARTMENT OF HEALTH 05354

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forest (P.O.) | LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2518 Lodge Forest Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Edna (Last) Whipple

4. DATE OF DEATH: (Month) (Day) (Year) 6-15-54 19

5. SEX: Fem | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: 4-16-1901 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Penna | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. Pittner | 14. MOTHER'S MAIDEN NAME: Emma Fidler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Robert D. Whipple — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cardiac Dilatation & Pulmonary Edema	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wm. Davis MD [illegible] Md. [illegible] Md. 6/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-20-54 | NAME OF CEMETERY OR CREMATORY Forest Cemetery | LOCATION (City, town, or county) (State) Forest, Penna.

DATE REC'D BY LOCAL REG. Jun 18 54 | REGISTRAR'S SIGNATURE Dawson L. Barber | 24. FUNERAL DIRECTOR Wirth Bentz Bradley | ADDRESS Cockeysville, Md.

VS. A15A

RECEIVED
JUN 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05355

5384 CERTIFICATE OF DEATH Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto. City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1319 Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Whitney
4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 19 54
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 16, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. Whitney, Wm.
14. MOTHER'S MAIDEN NAME: Harriett Kelley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Records, Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.
Immediate cause (a) Congestive heart failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease
DUE TO
(c)
Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY)
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-2 ..., 19 54, to 6 12 ., 19 54., that I last saw the deceased alive on 6-12 .., 19 54., and that death occurred at 5:45 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Spring Grove State Hosp, Catonsville 28, Md — Sara E. Bennett, M.D. 6-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF June 16/54
NAME OF CEMETERY OR CREMATORY Landon P.K.
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 6-14-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Harry A. Leitzke, 4101 Edmondson Ave

VS. A15

5385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 05356

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kloguood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3002 Ryle Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) L (Last) Whittington
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 54
5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 5 1891 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman | 10b. KIND OF BUSINESS OR INDUSTRY: Bakery | 11. BIRTHPLACE (State or foreign country): Balto Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Whittington | 14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Mrs. Dorothy Gladue 5712 Pembridge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck fractured DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ribs crushed chest DUE TO
(c) internal injuries

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Was thrown out of truck when it turned over

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street | 21c. (City or town) Woodlawn (County) Balto (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 10 54 9a M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Auto truck skidded thrown from cab

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. W. Kieffer M. D. 1010 Leadenhall
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED June 10 54

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF 6/14/54 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. June 12. 1954 | REGISTRAR'S SIGNATURE R. W. | 24. FUNERAL DIRECTOR ADDRESS C. Vernon Lemmon 4611 Pk. Hgts Balto. 15, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phy[illegible]: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5386 **MARYLAND STATE DEPARTMENT OF HEALTH** 05357

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 3410 Rosedale Rd

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) (Last) WILDER

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 11-16-1884 | 9. AGE last birthday 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Known | 14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Dr. Earle M. Wilder - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 5 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1953, to 6-3, 1954, that I last saw the deceased alive on 6-2, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nelson K. Gallagher M.D. 6209 Frederick Rd., Balto 28, Md. 6-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-4-1954 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 6-4-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Jack Lewis Inc. | ADDRESS 2100 Eutaw Pl.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05358

5387 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 75 Prince George Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) H (Last) WILLIAMS

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8/25/05

9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Williams

14. MOTHER'S MAIDEN NAME: Margaret Puckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.,Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ADENOCARCINOMA OF THE RECTUM WITH XXXXXXX GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 21 Months

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY TUBERCULOSIS — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 2, 1954 to June 16, 1954 XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX and that death occurred at 5:15P M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS DATE SIGNED
IRVING FREEMAN, M.D. Acting Chief, Medical Service VAH, Fort Howard, Md. 6/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-21-54
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-17-54
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Mildred T. Blight
HOWARD BLIGHT FUNERAL HOME
6009 Harford Rd. Baltimore, Md.

Shipped to: John M. Taylor Funeral Home
Duke of Gloucester St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05359

5388

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard and Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 10, Maryland
STREET ADDRESS (If rural give location) 5 Club Road, (Roland Park) ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hamilton Chew (Last) Williams

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 11, 1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Williams

14. MOTHER'S MAIDEN NAME: Unknown Georgeanna Weems

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Right lower lobe pneumonia due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) aspiration arteriosclerotic cardio-renal 10 yrs

DUE TO (c) vascular disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1930, to June 18, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE Harry M. Murdock M.D. (Degree or title) — ADDRESS Sheppard and Enoch Pratt Hospital — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 19 1954 — NAME OF CEMETERY OR ~~CREMATORY~~ Loudon Park — LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REGISTRAR June 19 1954 — REGISTRAR'S SIGNATURE R.W. — 24. FUNERAL DIRECTOR Henry W. Jenkins Sons Co — ADDRESS 4905 York Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05360

5389 CERTIFICATE OF DEATH

Reg. Dist. No. 3C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place) 4yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #5162 Baltimore National Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) #5162 Baltimore National Pike

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) M. (Last) Williams

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Reitz

14. MOTHER'S MAIDEN NAME: Anna Reitz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Jessie Williams Fleming, daughter #5162 Baltimore National Pike

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic - Cardio Vascular DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CORONARY THROMBOSIS DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 19 54 to 6/18, 19 54 that I last saw the deceased alive on 6/18, 19 54 and that death occurred at 10:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title) Gordon W. Thal M.D. ADDRESS 701 Cathedral St. DATE SIGNED 6/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 21, 1954 — NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 19 1954 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR G. Russell Thomas — ADDRESS 4204 Leeds Avenue Zone 29

5390 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05361

Reg. Dist. No. 4 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Sta. — LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station
STREET ADDRESS (If rural, give location) 324 Sollers Point Road

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Williams (Last) Jr.

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 54

5. SEX M — 6. COLOR OR RACE Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid — 8. DATE OF BIRTH 1859 — 9. AGE last birthday 95 Yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY farm — 11. BIRTHPLACE (State or foreign country) Gloucester Co Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Williams Sr — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Ruby Williams 324 Sollers Pt Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1954 to June 23 1954, that I last saw the deceased alive on June 23 1954, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Thomas MD — ADDRESS 107 N. Main, Bel Air — DATE SIGNED June 23/54

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 6/28/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Waldorf-Tate, 802 Madison Ave.

Film#G168 Item# 14
7/1/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05362

5391 CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY: Baltimore — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Balto. 7 Md — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1018 Harwall Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD — COUNTY: Harwall Rd — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1028 — STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MELROY (Last) WOLFE

4. DATE OF DEATH: (Month) JUNE (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: DEC 30 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONDUCTOR

10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN WOLFE

14. MOTHER'S MAIDEN NAME: ADELMA Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-7761

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Rt. Cerebral Thrombosis - Left complete hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Rt Cerebral thrombosis - Left partial hemiplegia — 4 yr. yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Coronary thrombosis — 3 yr. yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of larynx — 3 yr. yr.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION: Generalized arteriosclerosis — 20. AUTOPSY: YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19.., to 6-19-54, 19....., that I last saw the deceased alive on 6-18-54, 19.., and that death occurred at 2:45 a. M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. — ADDRESS 64 W. Lex. St. — DATE SIGNED 6-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: JUNE 22 1954 — NAME OF CEMETERY OR CREMATORY: UNITED BRETHERN — LOCATION (City, town, or county) (State): THURMONT, MD

DATE REC'D BY LOCAL REGISTRAR: JUN 20 1954 — REGISTRAR'S SIGNATURE: [signature] M.D.

24. FUNERAL DIRECTOR: M L Cruger & Son — ADDRESS: Thurmont Md

JUN 23 1954

BUREAU V. S.

5392

05363

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6yr.1mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Seton Institute

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) A. (Last) Wood

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-2-1877

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Wood

14. MOTHER'S MAIDEN NAME: Catherine Jamart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: Less 24hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — Years

(c) Carcinoma of the prostate — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28-, 19.54., to 6-1-, 19.54., that I last saw the deceased alive on 5-29-, 19.54., and that death occurred at 9:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED: 6-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 6/2/54

NAME OF CEMETERY OR CREMATORY: Presbyterian Govans Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-2-54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. Cook, Inc.

ADDRESS: 1217 St. Paul Street

5393 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05364

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1703 Arlington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS 1703 Arlington Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Elizabeth (Last) Woodward

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 18 1864

9. AGE last birthday: 89 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David A. Woodward

14. MOTHER'S MAIDEN NAME: Josephine Doty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Margaret Hayward 1703 Arlington Ave Relay Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr Myocarditis	2 yrs
Antecedent cause(s)	(b) Hypertension	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senile Arteriosclerosis	
	Infirmities of age	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to June 4, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Leo Brumbaugh — ADDRESS: 5609 Main St Edmondson — DATE SIGNED: 6/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 7/54 — NAME OF CEMETERY OR CREMATORY: London Pk. — LOCATION (City, town, or county): Balto. Co. — (State): Md.

DATE REC'D BY LOCAL REG.: June 8 54 — REGISTRAR'S SIGNATURE: Ger Kieffer

24. FUNERAL DIRECTOR: Harry A. Mutzfeld — ADDRESS: 4101 Edmondson Ave

RECEIVED
JUN 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05365

5394

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cockeysville Md
LENGTH OF STAY (in this place): 9 yrs 11 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home (60)

2, USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY ~~Ba~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1540 Windemere Ave

3. NAME OF DECEASED: (First) William (Middle) Newton (Last) Yeaple
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify): Widower
8. DATE OF BIRTH: Mar. 25-1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 3 Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker
10B. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): York, Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Yeaple
14. MOTHER'S MAIDEN NAME: ? Shelaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Laura M Schroder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 4 1	(A) Acute congestive heart failure	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arteriosclerotic cardiovascular disease	3 months
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1948, to June 18 19 54 that I last saw the deceased alive on June 16, 1954 and that death occurred at 11 A.M, from the causes and on the date stated above.
SIGNATURE Walter T. Ives M.D. ADDRESS Cockeysville Md DATE SIGNED 6/18/54

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) DATE THEREOF June 21/54 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) York (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 6/21/54 REGISTRAR'S SIGNATURE Laura M. Schroder
24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St ADDRESS

RECEIVED
JUN 21 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05366

5395

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 | LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 501 W. University Parkway

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Beaumont (Last) Yingling

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1887

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kemp Beaumont

14. MOTHER'S MAIDEN NAME: Emma Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute intestinal obstruction and peritonitis	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Volvulus transverse-descending colon	24 hours
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1954, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louie Frances Woodward M. D. Spring Grove State Hospital Catonsville 28 Md. 6-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 9, 1954
NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 6-7-54
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Dickney & Sons ADDRESS: Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5396 **CERTIFICATE OF DEATH**

Reg. Dist. No. 05368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: MARYLAND
CITY (If outside corporate limits, write RURAL and give name of TOWN): Baltimore
LENGTH OF STAY (in this place): 2 yrs 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Catonsville Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: COUNTY: 3V01-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland Baltimore
STREET ADDRESS (If rural, give location): 1604 E. 32nd St. Baltimore 18 Md

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H. (Last) Young

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8-27-78 Aug 27 78

9. AGE last birthday: 75 years

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dacher

10b. KIND OF BUSINESS OR INDUSTRY: diener

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Young

14. MOTHER'S MAIDEN NAME: Catherine ? Gourly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): unk.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk. 214-09-0287

17. INFORMANT'S NAME, RELATIONSHIP, AND ADDRESS: Mrs. Sylvia Shilling - daughter 1604 E. 32nd St. Baltimore 18, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Pneumonia, lobar — Interval between onset and death: one week

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Brain Syndrome associated with central nervous system syphilis and cerebral arteriosclerosis — over 5 yrs

DUE TO (c) Amputation, surgical, right thigh, due to gangrene secondary to occlusive peripheral vascular disease — 5 yrs.

490 X

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? X Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

July 53 June 10 54

22. I hereby certify that I attended the deceased from June 10 to 5:30 p.m., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lindsay Campbell, M.D. Spring Grove, Balto 28, Md June 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/12/54

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem

LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG.: 6-11-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Henry Sander Sons Inc. Baltimore Md

Henry T. Sander

MARYLAND 5397

05369

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7810 Bagley Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 7810 Bagley Avenue

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Joseph Henry (Last) Zerhusen

4. DATE OF DEATH: (Month) June (Day) 5th (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 19, 1917

9. AGE last birthday: 36 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Western Maryland Dairy,

10b. KIND OF BUSINESS OR INDUSTRY: Route Salesman

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Zerhusen

14. MOTHER'S MAIDEN NAME: Barbara Ruck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 216-05-2842

17. INFORMANT AND ADDRESS: Mrs. Clare M. Zerhusen, 7810 Bagley Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1907

Immediate cause (a) Malignant melanoma — Interval between onset and death: 8 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1954, to June 5, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold A. Gratt, M.D. — ADDRESS: 8100 Harford rd. — DATE SIGNED: 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 9, 1954 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-7-54 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14 — ADDRESS

Dr. Grott